



**Testimony by
Maine Hospice Council and Center for End-of-Life Care
presented before
Joint Standing Committee on Appropriations and Financial Affairs
February 21, 2023**

Goodmorning Senator Rotundo, Representative Sachs and members of Appropriations and Financial Affairs; Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee.

My name is Kandyce Powell, Executive Director of the Maine Hospice Council. For many of you who may not be familiar with our organization, we are a non-profit 501c3. Our mission for 34 years has been to address access to quality end-of-life and palliative care through innovation, education, creativity and advocacy. We have tackled the challenging work of addressing broad system change issues, with the hope that, eventually, all people may have access to adequate resources during their end-of-life journey.

Just to clarify, we do not offer direct care services, nor do we receive any Medicare, Maine Care or commercial insurance monies. Direct care services are provided by the skilled, compassionate, healthcare staff with the Medicare Certified/Licensed Hospice Programs.

Maine is also very proud to have seven State-licensed independent Volunteer Hospice organizations serving your communities. Many of you might have benefited from their services over the years.

The Maine Hospice Council's funding sources remain diverse. In 1989, the legislature approved an annual appropriation from the General Fund. This year the allocation was approximately \$44,000. Due to passage of another piece of legislation in 2001, "An Act to Improve End-of-Life Care in the State", MHC also receives monies that are passed through to support volunteer hospice programs.

In addition to a General Fund appropriation, the Council has a long history of successful grant writing. Approximately sixty-five percent of funding has been from foundations and donor assisted funds. Along with grant writing, we receive money from an annual appeal, member dues, earned income and education program registrations. Upon occasion, we have even received bequeaths from estate settlements.

Approximately 85% of revenue goes to programming which is accomplished by one full-time Executive Director and a half-time Executive Assistant, along with volunteers, interns and collaborative partners. To say we are resourceful and frugal, would be an understatement. We value every dollar that is gifted to MHC and show our gratitude by using every nickel wisely. It is all about maximizing financial support to address patient, family, caregiver and community needs.

The Maine Hospice Council is a 501(c)3 non-profit organization. All donation are tax-deductible.



Maine Hospice Council and Center for End of Life Care

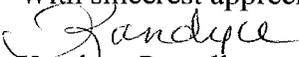
Where Change Happens

Following is a short list of programs we have developed and support we offer, both past and present:

- RWJ community/state partnership grant, (14 organizational partners working on 10 major projects, (2001-2004)
- Consortium for Palliative Care and Hospice (2000-2004)
- Award-winning video, "On Life and Living: The Hospice Experience"
- Palliative Care Interdisciplinary Advisory Council (passed in statute 2015 - ongoing)
- Prison End-of-Life Program (2000-2018)
- Presentation about prison hospice program at the Human Rights Conference, Edinburgh, Scotland
- Visiting professor invitation at Robert Gordon University
- Maine Care Benefit for Palliative Care (legislation passed in 2021)
- Hospice / Veterans Partnership (second in the country)
- ALS Collaborative
- POLST administrative home (2008-present)
- Academic partnerships (placement site for interns, doctoral students, medical students - ongoing)
- Community listening sessions (on-going as appropriate)
- Public speaking
- Quarterly education meetings
- Statewide conferences
- Information clearinghouse
- Technical assistance

We are proud of what has been accomplished because it continues to make a difference in the lives of many people. Thank you for believing in us for 34 years.

With sincerest appreciation,


Kandyce Powell

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Maine Hospice Council and Center for End of Life Care

Where Change Happens

From its beginning in 1984, the Maine Hospice Council has been the leading advocate, educator and technical resource for Hospice and end-of-life care in Maine.

Mission: *To promote universal access to quality end of life care through innovation, creativity, education, advocacy and collaboration.*

Funding: The Council receives financial support from diverse sources, including grants, donations, MaineShare, membership dues, sponsorships, annual appeals, Maine State General Fund, earned income, and education events

The Council provides-

- **Advocacy** regarding issues related to death and dying, palliative care, grief and loss
- **Consultation** for individuals, families, agencies, academic institutions, policy makers, health care entities, corporations, etc.
- **Educational**
 - ◇ Workshops
 - ◇ Conferences
 - ◇ Seminars
 - ◇ Webinars
 - ◇ News Briefs
- **Policy Development/Assistance/ Analysis including, but not limited to:**
 - ◇ Hospice licensure law (PL 1993, c. 692)
 - ◇ An Act to Improve End-of-Life Care in the State (LD 802)
 - ◇ Palliative Care and Quality of Life Advisory Council (PL 2015, Chapter 203)
 - ◇ An Act to Advance Palliative Care Utilization in the State (LD 1950)
- **Collaborative Partnerships**
 - ◇ Internships for graduate and doctoral students
 - ◇ Maine POLST Coalition
 - ◇ National POLST Organization
 - ◇ Maine Pain Initiative
 - ◇ Palliative Care and Quality of Life Advisory Council
 - ◇ Hospice Veteran Partnership
 - ◇ NHPCO, Department of Veterans Affairs Trauma Informed Care Initiative
 - ◇ Rural Initiatives
 - ◇ Robert Wood Johnson Community/State Partnership
- **Public Speaking**
 - ◇ Stories Project
 - ◇ Public Forums
 - ◇ State/National Association Meetings
 - ◇ In-service Education
 - ◇ International Speaking Engagements
 - ◇ Robert Gordon University, Aberdeen, Scotland
- **Clearinghouse for Resource Information**
- **Grant writing**
- **Representation/Awards**
 - ◇ National Social Work Association for Prison Program
 - ◇ National Hospice Organization-President's Award for Non-Print Media
 - ◇ National Retirement Research Association for "On Life and Living: the Hospice Experience"
 - ◇ Senior Legislative Advocacy Coalition Distinguished Service Award
 - ◇ Joe Mayo Award
 - ◇ Pope Leadership Award
 - ◇ Dr. Mary Chandler Lowell Distinguished Alumni Award
 - ◇ Visiting Professor, Robert Gordon University, Aberdeen, Scotland
- **Resources:**
 - ◇ Social Media (Facebook, Twitter)
 - ◇ News briefs
 - ◇ Hospice News Network (National Newsletter)
 - ◇ Website
 - ◇ Print and Electronic Materials
 - ◇ POLST Forms (by request)
 - ◇ CD/"Sounds of Comfort"
 - ◇ Hospice Bumper Stickers

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**HOSPICE
ANALYTICS**

2022 Maine
State Hospice Report

A Proud Supporter of

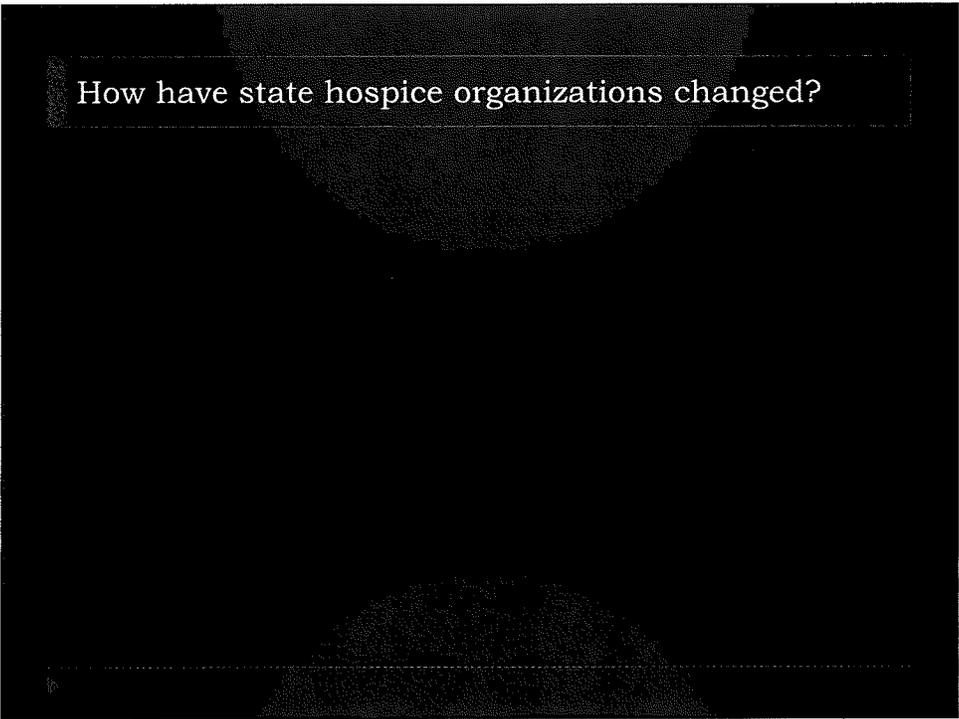


Maine Hospice Council and Center for End of Life Care
Ensuring a Comfortable End of Life Care

2021 Medicare Information
With 2020 Comparisons

11/20/22

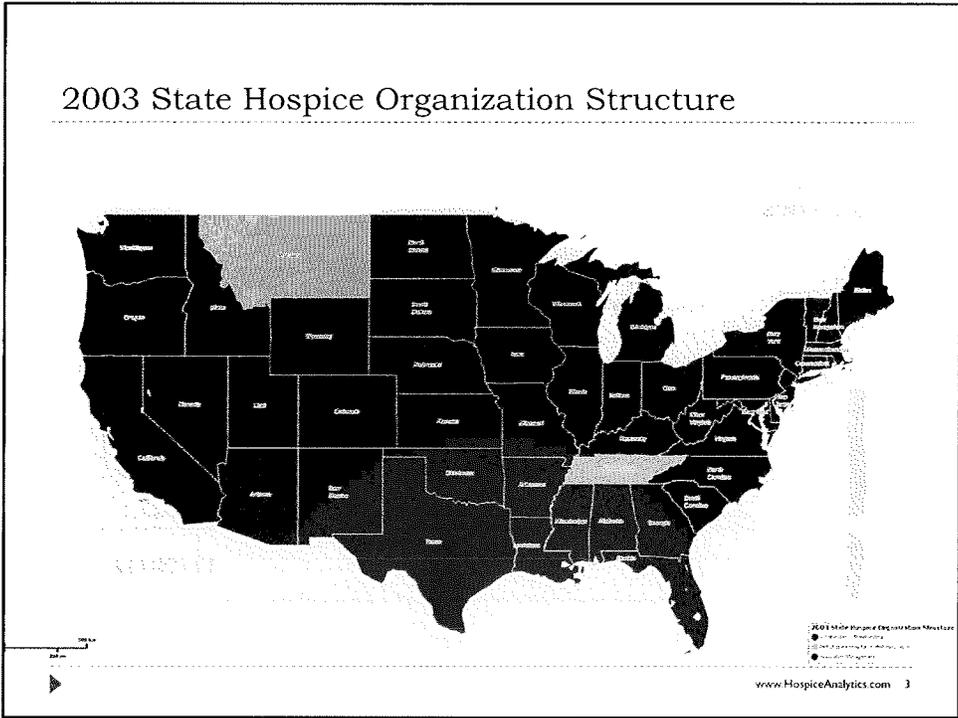
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How have state hospice organizations changed?

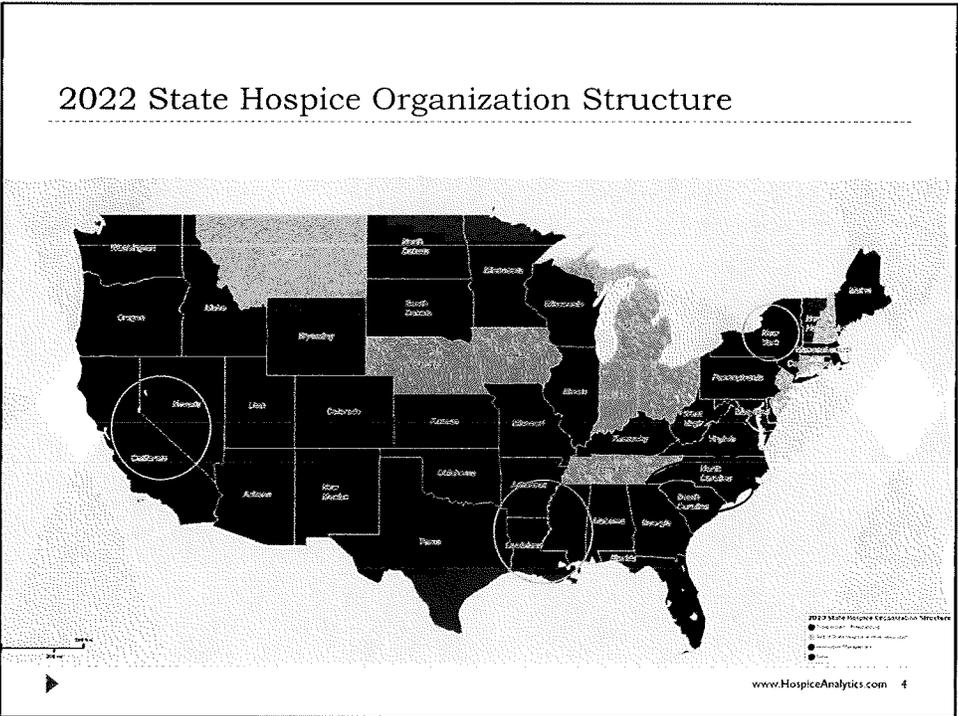
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2003 State Hospice Organization Structure



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2022 State Hospice Organization Structure



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Hospice Utilization

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Hospice Utilization

- Is a measure of ACCESS...
- Is a measure of QUALITY...

Vol. 41, No. 6 June 2011

Low

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can. *Health Aff (Millwood)* 2009;28(10):1943-1948. doi:10.1196/1090-9525.SMA-09-0011. Accessed March 24, 2011.

Death Service Ratio: A Measure of Hospice Utilization and Cost Impact

To the Editor: In October 2007, Taylor et al¹ published compelling data showing that use of hospice care reduces United States Medicare expenditures at the end of life. In a case-control study of a sample of Medicare decedents (1993-2003), the authors compared 1819 hospice decedents with 3085 matched controls. Hospice use reduced Medicare program expenditures also the initiation of hospice by an average of \$2609 per hospice user (\$718 for hospice users vs. \$4627 for controls; *P* < 0.001). For cancer, maximum savings of \$7000 occurred with a length of stay (LOS) in hospice between 0 and 150 days; for other primary conditions, maximum savings of \$3500 occurred with a LOS of 90-110 days.¹ Thus, cost savings were maximized with much longer periods of hospice care than is common among Medicare beneficiaries (median LOS of 16 days in nationwide study, and 29 days in hospice hospital).

Medicare expenditures for all Medicare beneficiaries who died under the care of one of these providers types in 2007 are thus average costs in Medicare for patients who died with a history of the following types of service use were hospice, \$19,419; home health agency, \$19,000; SNF, \$23,842; hospital, \$36,603; and multiple settings, \$36,732 vs. not receiving care from any service, \$16,653. Notably, a North Carolina patient receiving end-of-life care through hospice received \$11,354 less in care paid for by Medicare than did a patient receiving hospital-based care.

Clearly, hospice utilization exerts a strong force on health care system costs. How can we examine and measure hospice utilization and impact? We propose "death service ratio" (DSR) as a simple measure of hospice use for this purpose. Calculated as a percentage, the numerator being deaths in a defined area of population served by hospice and the denominator being all deaths in that area, population-DSR serves as an indicator of hospice utilization in a region and, therefore, as an indirect indicator of impact of hospice on health care costs. We explicitly acknowledge that DSR is a crude indicator, as it does not accommodate for hospice LOS, patient complexity, or other important factors. But in its simplicity, DSR allows regional evaluation of hospice utilization that can be linked to health-system costs.

Using DSR as a primary measure, we re-

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Hospice Utilization

• Is complicated...

J Palliat Care Pract 2022;37(4):404-412

Original Article

Low Hospice Utilization in New York State: Comparisons Using National Data

Lara Dhingra, PhD, Carla Braverman, RN, MBA, Conli Kassner, PhD, Chlo Schechter, MD, Stephanie DiFiglia, PhD, and Russell Portenoy, MD

J Palliat Care Pract 2022;37(4):404-412

Abstract

Context: Hospice utilization in New York State (NYS) has remained relatively stable since 2010. **Objective:** The first part of this article explores barriers to hospice utilization between NY and the rest of the country. **Methods:** Ten metrics are published on behalf of patients dying in 2018. Multivariate regression is used to determine the relationship between NY and the rest of the country. **Results:** The NY population was older, had more physicians during the year, and fewer for-profit hospitals. NY hospice utilization was associated with higher hospital SNF beds and fewer long-term care SNF beds. **Conclusions:** NY's low hospice utilization was not associated with higher hospice utilization. *J Palliat Care Pract* 2022;37(4):404-412

Low Hospice Utilization in New York State: Framework for Compiling and Ranking Barriers

Abstract

Background: This study reports on the first and only published data on hospice utilization in New York State (NYS) compared to other states. **Objective:** The study aims to identify barriers to hospice utilization and identify effective interventions. **Methods:** The study uses a framework for compiling and ranking barriers to hospice utilization. **Results:** The study identifies barriers to hospice utilization and ranking them based on their impact. **Conclusions:** The study identifies barriers to hospice utilization and ranking them based on their impact.

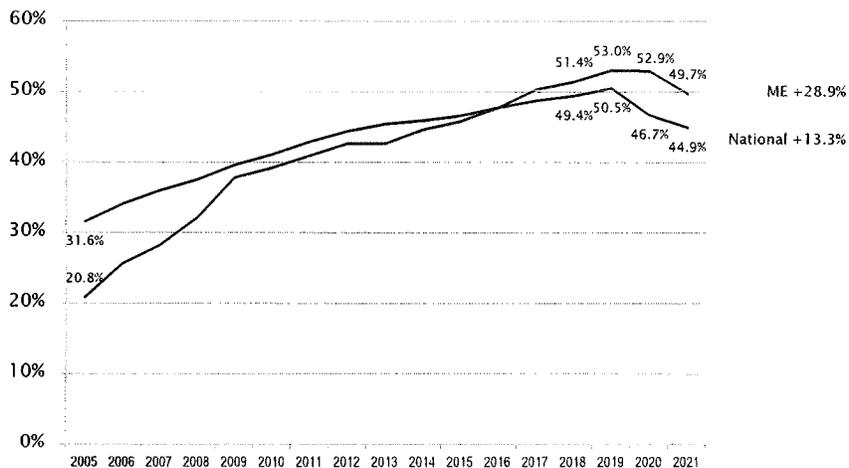
Dhingra L, Braverman C, Kassner CT, Schechter C, DiFiglia S, and Portenoy R. Low Hospice Utilization in New York State: Framework for compiling and ranking barriers. *J Palliat Care Pract*. 2022;37(4):404-412. <https://doi.org/10.1089/jpm.2022.0004>.

Dhingra L, Braverman C, Roberts K, DiFiglia S, Kassner CT, and Portenoy R. Low Hospice Utilization in New York State (II): Framework for compiling and ranking barriers. *J Palliat Care Pract*. 2022;37(4):413-421. <https://doi.org/10.1089/jpm.2022.0005>.

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2005-2021 State Hospice Utilization 17-Year Trends

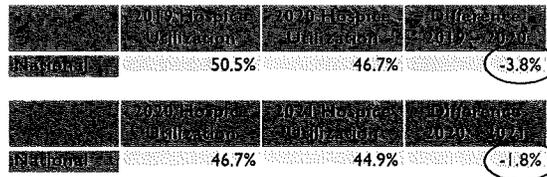


Note: Hospice Utilization= Medicare Hospice Deaths / Total Medicare Deaths.

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Hospice Utilization – Thoughts on 2020 & 2021...



- › 2020 Hospice Utilization *decreased* nationally for the first time ever.
- › 2021 Hospice Utilization decreased nationally again – although less of a decrease.
- › The last time Hospice Utilization was ~44.9% was 2012...

WHY?

Hospice Utilization – Thoughts on 2020 & 2021...

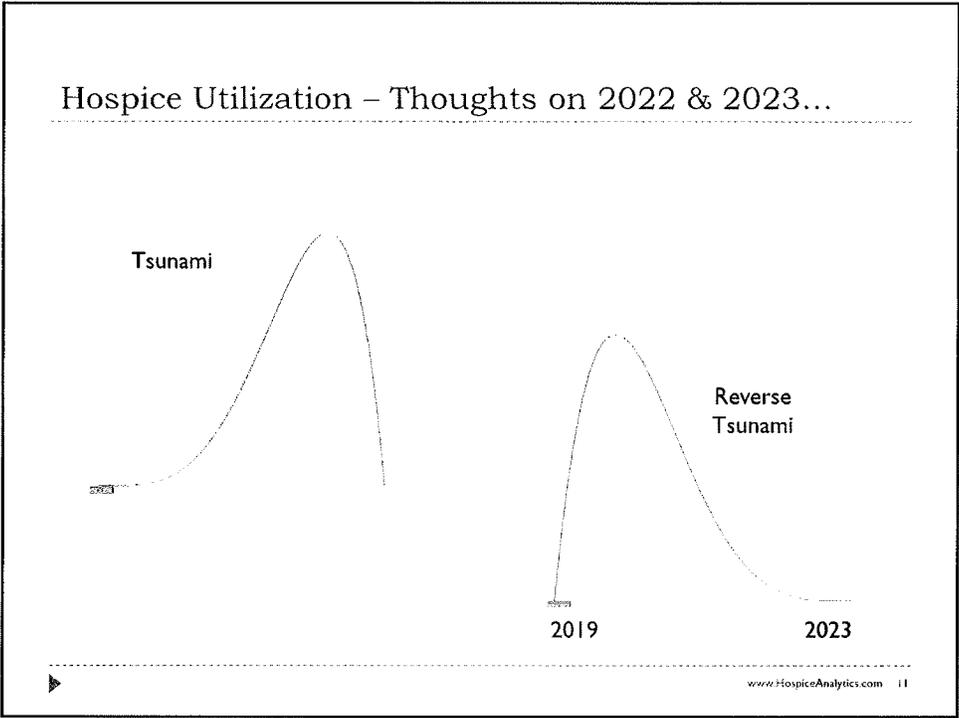
› Hospice Trends:

- › 2020 and 2021 hospice admissions and deaths are above 2019.
- › Although, 2021 hospice admissions and deaths are slightly lower than 2020. Presumably, this is due to the ongoing impact of COVID and deaths in hospitals and facilities where hospices had limited access during 2021.

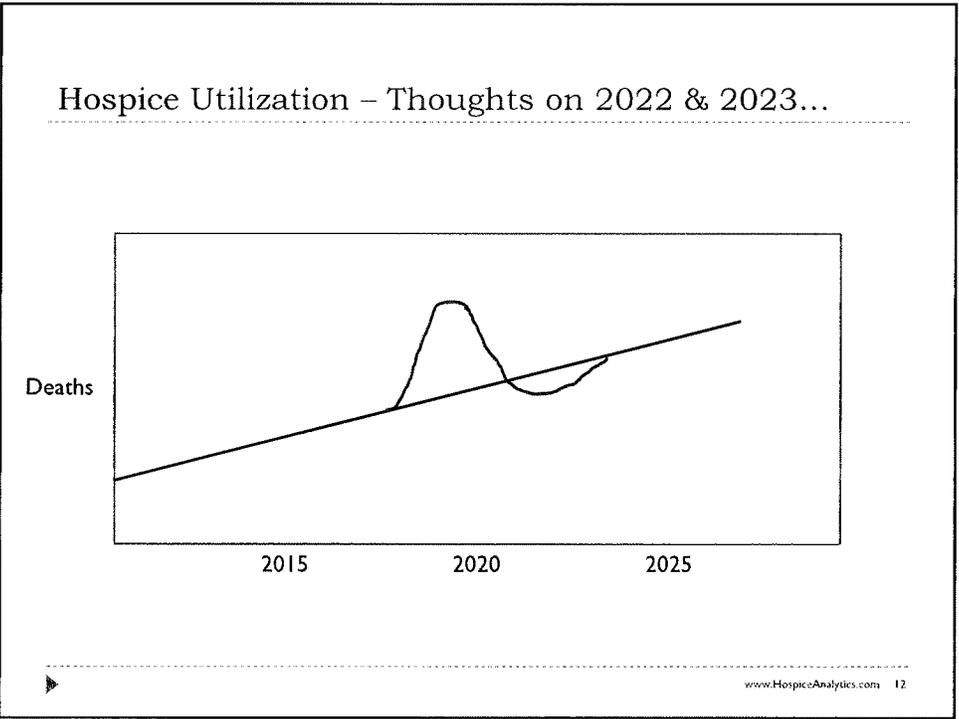
› Medicare Trends:

- › 2020 and 2021 total Medicare deaths are well above 2019 (~+400K).
- › On average over the past 10 years, we see an increase of ~40,000 Medicare beneficiary deaths / year.

Year	Total Hospice Deaths	Annual Hospice Admissions	Total Medicare Hospice Deaths	Total Medicare Deaths
2018	2,280,118	+34,073	1,126,042	+32,235
2019	2,294,493	+14,375	1,157,544	+31,502
2020	2,701,983	+407,490	1,260,695	+103,151
2021	2,722,978	+20,995	1,223,327	-37,368



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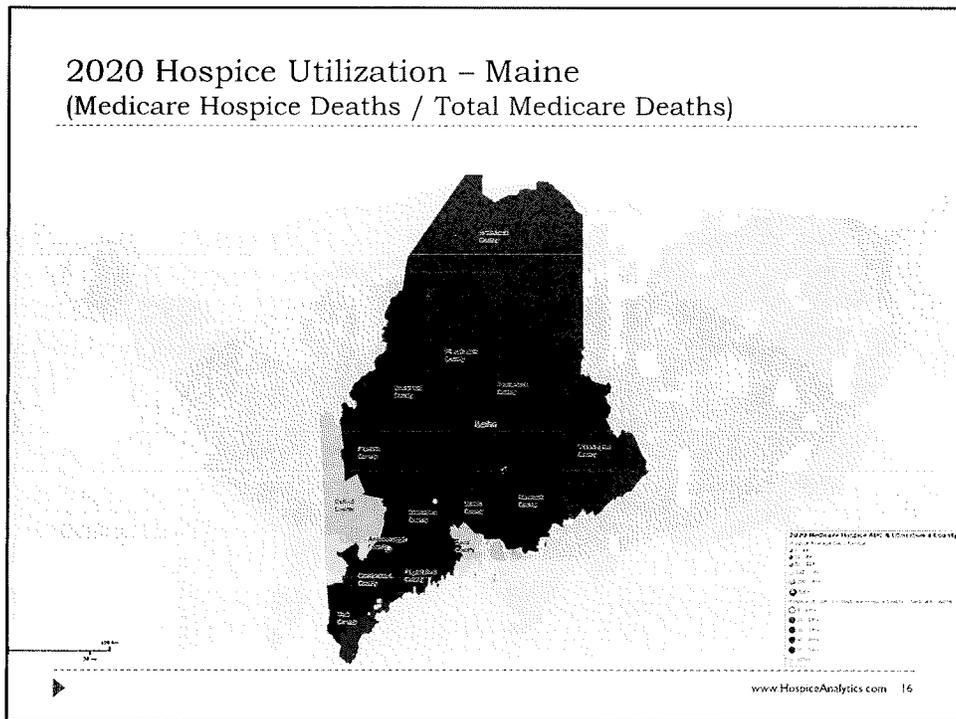
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2021 Hospice Utilization – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



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2020 Hospice Utilization – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



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2021 Demographics & Hospice Utilization

	Maine	Florida
Population (2020 Census; 2021 NA)	1,350,141	339,398,247
Total Deaths (2020 Census; 2021 NA)	15,740	3,465,369
Medicare Beneficiaries	371,136	66,267,916
Medicare Beneficiary Deaths	14,196	2,732,978
Medicare Beneficiaries Admitted to Hospice	9,231 65% of Medicare deaths	1,692,112 62% of Medicare deaths
Medicare Hospice Beneficiary Deaths	7,060 49.7% of Medicare deaths	1,223,327 44.9% of Medicare deaths
Medicare Hospice Total Days of Care	626,824 Days	122,454,819 Days
Medicare Hospice Mean Days / Beneficiary	68 Days	68 Days
Medicare Hospice Median Days / Beneficiary	22 Days	23 Days
Medicare Hospice Total Payments	\$111,252,703	\$22,059,484,635
Medicare Hospice Mean Payment / Beneficiary	\$12,052	\$13,117

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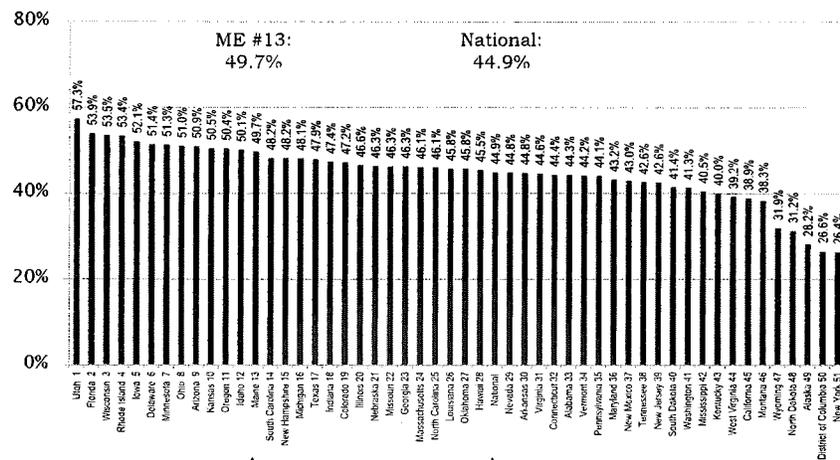
2020 Demographics & Hospice Utilization

	Maine	Florida
Population	1,350,141	339,398,247
Total Deaths	15,740	3,465,369
Medicare Beneficiaries	362,482	64,454,982
Medicare Beneficiary Deaths	13,234	2,701,983
Medicare Beneficiaries Admitted to Hospice	9,177 69% of Medicare deaths	1,703,813 63% of Medicare deaths
Medicare Hospice Beneficiary Deaths	7,007 52.9% of Medicare deaths	1,260,695 46.7% of Medicare deaths
Medicare Hospice Total Days of Care	628,693 Days	125,709,522 Days
Medicare Hospice Mean Days / Beneficiary	69 Days	74 Days
Medicare Hospice Median Days / Beneficiary	23 Days	24 Days
Medicare Hospice Total Payments	\$109,198,152	\$22,060,231,454
Medicare Hospice Mean Payment / Beneficiary	\$11,899	\$12,949

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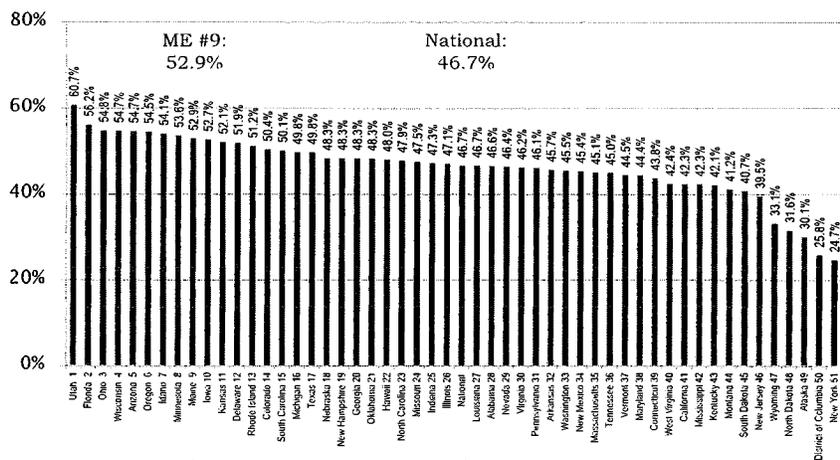
2021 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



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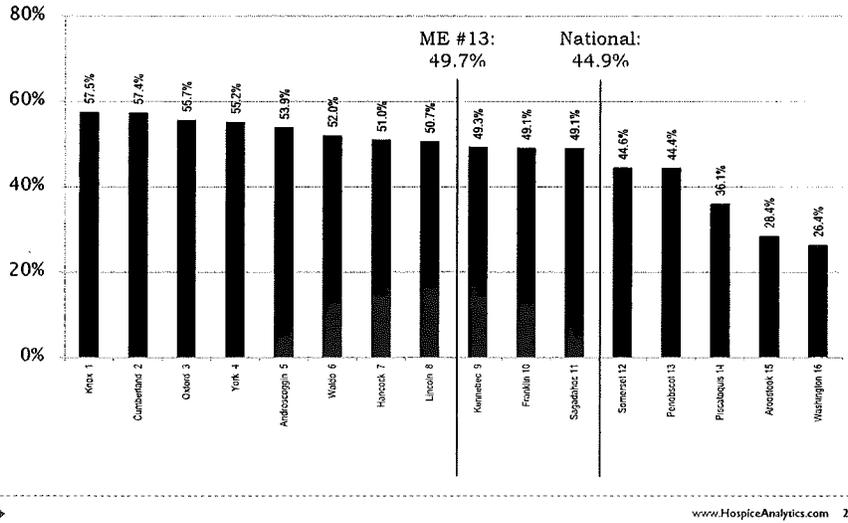
2020 Hospice Utilization (Medicare Hospice Deaths / Total Medicare Deaths)



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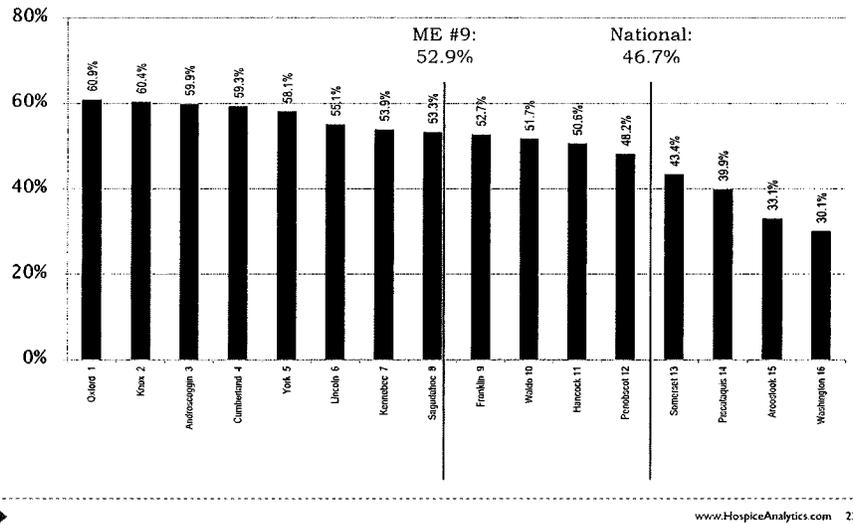
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2021 Hospice Utilization x County – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



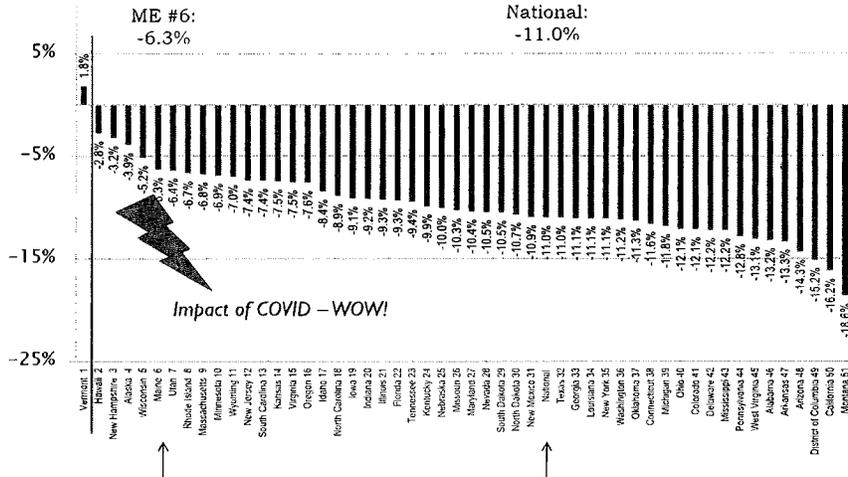
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2020 Hospice Utilization x County – Maine (Medicare Hospice Deaths / Total Medicare Deaths)



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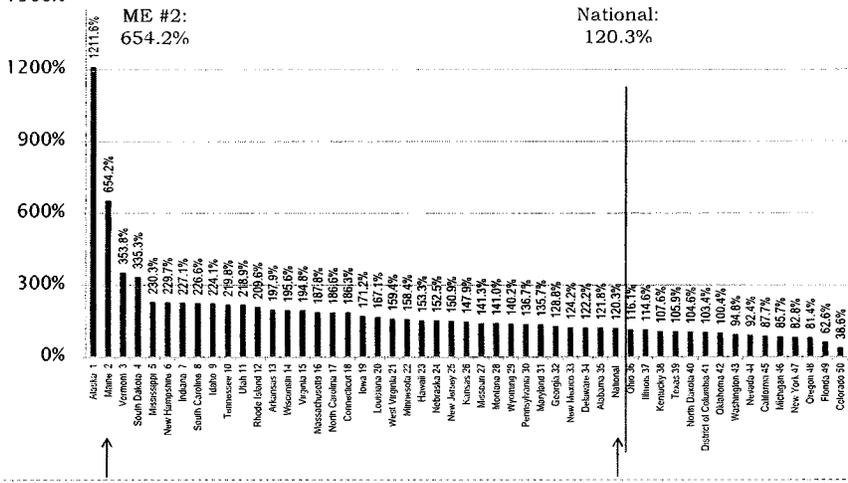
Change in Hospice Utilization 2019-2021 (Medicare Hospice Deaths / Total Medicare Deaths)



Note: "Change" = (2021 Hospice Utilization - 2019 Hospice Utilization) / 2019 Hospice Utilization. www.HospiceAnalytics.com 23

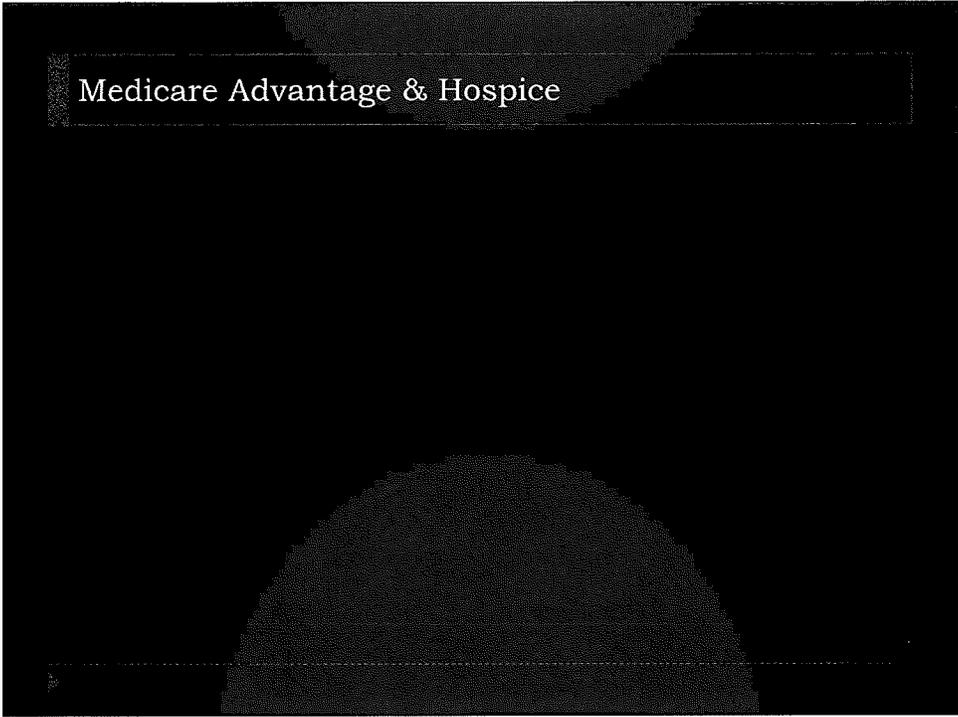
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Change in Hospice Utilization 2000-2021 (Medicare Hospice Deaths / Total Medicare Deaths)



Note: "Change" = (2021 Hospice Utilization - 2000 Hospice Utilization) / 2000 Hospice Utilization. www.HospiceAnalytics.com 24

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Medicare Advantage & Hospice

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Hospice Medicare Advantage

CMS.gov Center for Medicare & Medicaid Services

Newsroom Press Kit Blog Data Contact

Value-Based Insurance Design Model (VBID) Fact Sheet CY 2020

Jan 18, 2020 | Insurance Models

Views: 1,234

Overview

The Centers for Medicare & Medicaid Services (CMS) is introducing a new iteration of Medicare Advantage (MA) contract plan provisions that will be tested in the Value-Based Insurance Design (VBID) model for CY 2020. The VBID model is being tested under the authority of the CMS Center for Medicare and Medicaid Innovation (Innovation Center). The model is designed to test innovative Medicare program experiments, enhance the quality of care for Medicare beneficiaries, including frail and high-risk beneficiaries, and improve the, the health and the quality of health care services delivered. The changes to the VBID model announced today are to contribute to the ongoing efforts of Medicare Advantage to improve quality of care, lowering cost and supporting the quality of care for Medicare beneficiaries.

<https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020> www.HospiceAnalytics.com 26

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Hospice Medicare Advantage

- ▶ On January 18, 2019, CMS announced it will test carving hospice into Medicare Advantage (MA) plans under its Value-Based Insurance Design (VBID).
- ▶ This test began 1/1/2021.
- ▶ Some initial concerns include:
 - ▶ Will hospice reimbursement be reduced by MA plans? Perhaps MA plans will send more beneficiaries to hospice, but pay less for them?
 - ▶ Will hospice interdisciplinary services be unbundled? Perhaps MA plans will only pay for more skilled discipline visits?
 - ▶ How will CMS measure success? (Only \$\$\$?) *This is the quality question!*

▶ <https://www.cms.gov/newsroom/fact-sheets/value-based-insurance-design-model-vbid-fact-sheet-cy-2020>

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Hospice Medicare Advantage

The screenshot shows the CMS.gov website with the following content:

- Navigation:** Home, Medicare, Medicaid/CHIP, Medicare/Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education.
- Page Title:** Medicare Advantage Value-Based Insurance Design Model
- Text:**
 - FOR INFORMATION ON THE HOSPICE BENEFIT COMPONENT PLEASE CLICK HERE
 - FOR INFORMATION ON THE (LTC) VBID MODEL PLEASE CLICK HERE
- Model Summary:**
 - Open: February 2021; Closed: August 2021
 - Number of Participants: 12 for CY 2021
 - Geography: 10 states (AZ, CA, IL, IN, MI, MN, NY, OH, VA, WA)
 - Authority: Innovation Center for Medicare & Medicaid Services
 - Model Dates & Updates:
 - September 21, 2022: Approved for 2023 MA plans to participate in the hospice component of the VBID model.
 - March 1, 2022: Approved for 2022 MA plans to participate in the hospice component of the VBID model.

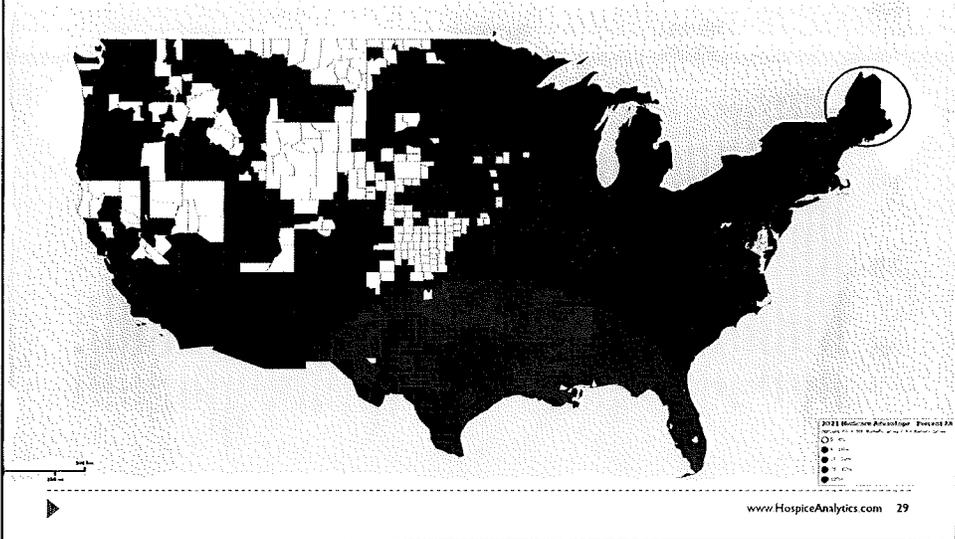
- ▶ 9/29/22: CMS posted the list of plans that will be participating in the MA VBID Hospice Component model for CY 2023. Fifteen plans will be participating, six more than in 2021 and two more than in 2022.
~Theresa Forster, NAHC

▶ <https://innovation.cms.gov/innovation-models/vbid>

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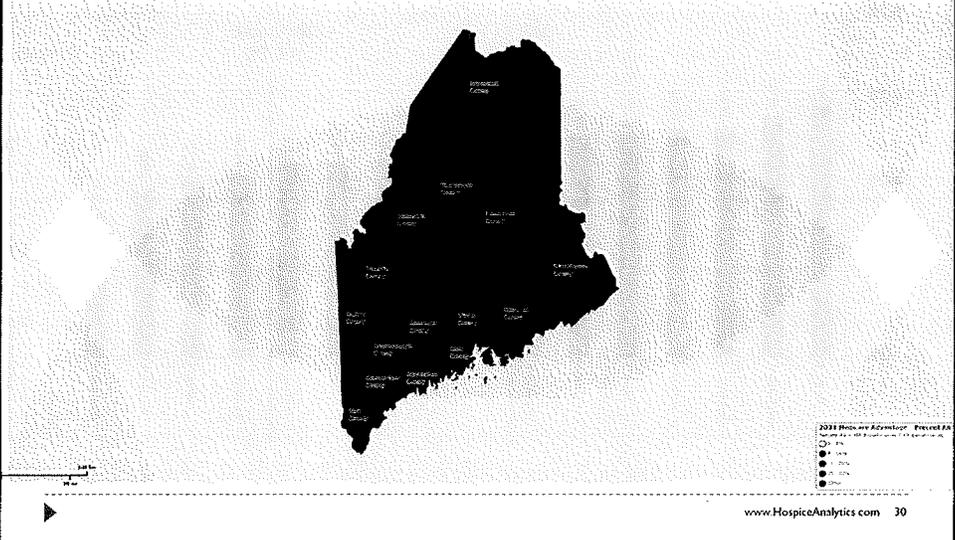
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2021 Medicare Advantage – All Percentage of All Beneficiaries



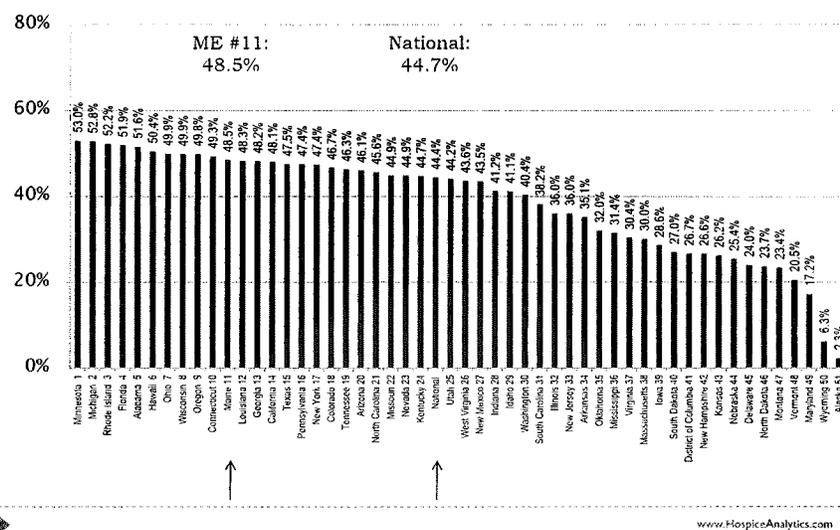
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2021 Medicare Advantage – All, Maine Percentage of All Beneficiaries



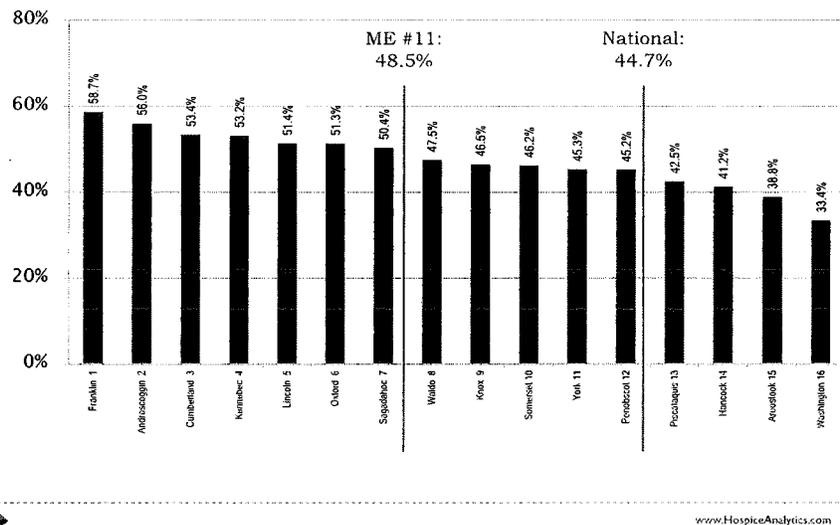
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2021 Medicare Advantage – All Percentage of All Beneficiaries



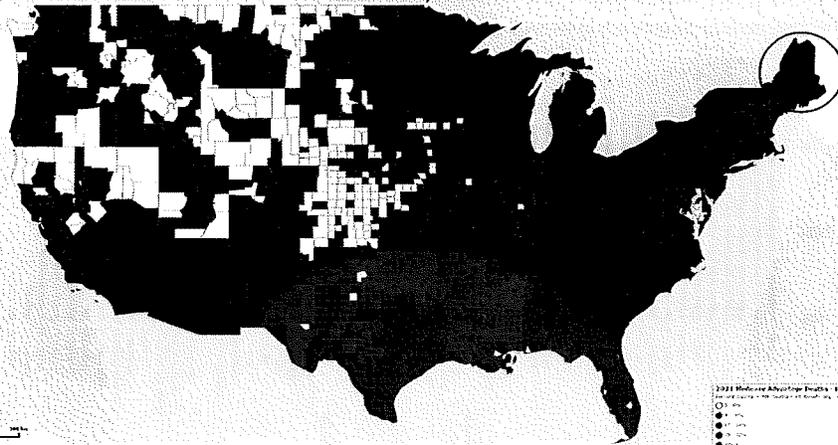
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2021 Medicare Advantage – All – Maine Percentage of All Beneficiaries



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2021 Medicare Advantage – Deaths Percentage of Beneficiary Deaths



Note: When comparing MA All to MA Deaths, 20% of counties change rank.

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2021 Medicare Advantage – Deaths, Maine Percentage of Beneficiary Deaths

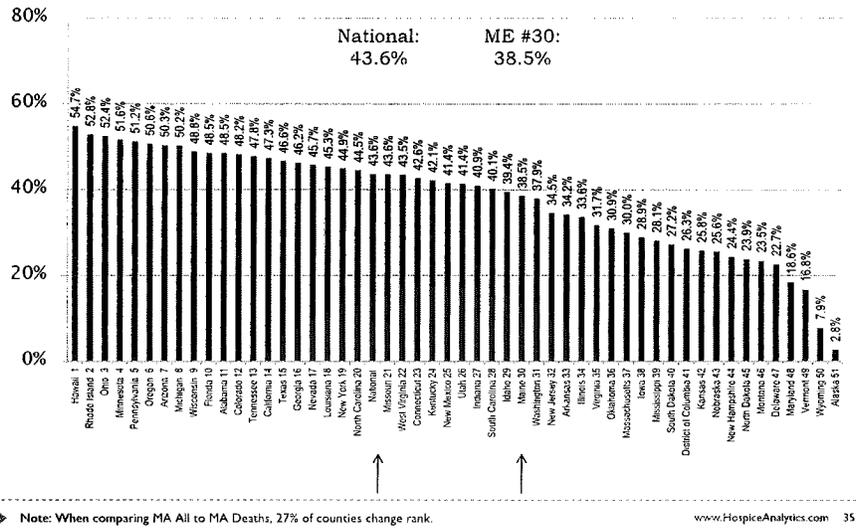


Note: When comparing MA All to MA Deaths, 20% of counties change rank.

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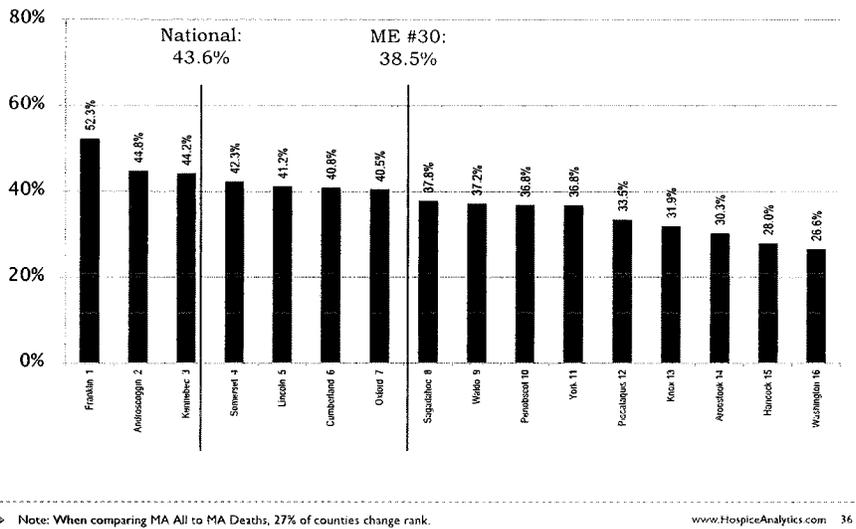
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2021 Medicare Advantage – Deaths Percentage of All Beneficiaries



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2021 Medicare Advantage – Deaths, Maine Percentage of All Beneficiaries



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Care Compare – Hospice Update 8/31/22

10/11/22 Notes:

- CMS released the August refresh of Hospice Compare information on 8/31/22. Several changes have been made, including:
 - New Hospice Star Rating information is available.
 - CMS is removing seven individual HIS process measures and the Comprehensive Assessment Measure no earlier than May 2022.
 - CMS adding the Hospice Care Index (HCI), a composite measure of 10 indicators from claims data, expected in the 8/22 refresh.
- Hospice Outcomes & Patient Evaluation (HOPE) tool is in development.

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New Medicare Hospice Star Ratings, 8/31/22

- Over 6,000 hospices were included in the Aug. 31, 2022, Care Compare for Hospice release (N= 6,041; 27% of hospices nationally in CA).
- Only 1/3 of hospices had reportable Star Ratings (2,026 / 6,041), perhaps because CMS blanks cells with <70 beneficiaries for Star Ratings.
- Of hospices with reportable Star Ratings:

○ 5 Star= 195 (10%) hospices	ME= 1/13 (8%)
○ 4 Star= 782 (39%) hospices	ME= 7/13 (54%)
○ 3 Star= 737 (36%) hospices	ME= 5/13 (38%)
○ 2 Star= 287 (14%) hospices	ME= 0/13 (0%)
○ 1 Star= 25 (1%) hospices	ME= 0/13 (0%)
- Therefore, about half of hospices had Star Ratings 4+ (49%) and 85% of hospices had 3+ Star Ratings.

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New Medicare Hospice Star Ratings, 8/31/22

- Some caveats:
 - Hospice Star Ratings are new. We should allow ~2 years for both CMS and Hospices to receive, understand, and work to improve scores before making important decisions based on this information.
 - The percentages of hospices with Star Ratings in each state ranged from 10% (CA) to 96% (KY). Reasons for hospices missing Star Ratings need to be better understood, discussed, and reduced in the future.
 - *In Maine, 13/15 (87%) of Medicare certified hospices eligible for Star Ratings received Star Ratings.*



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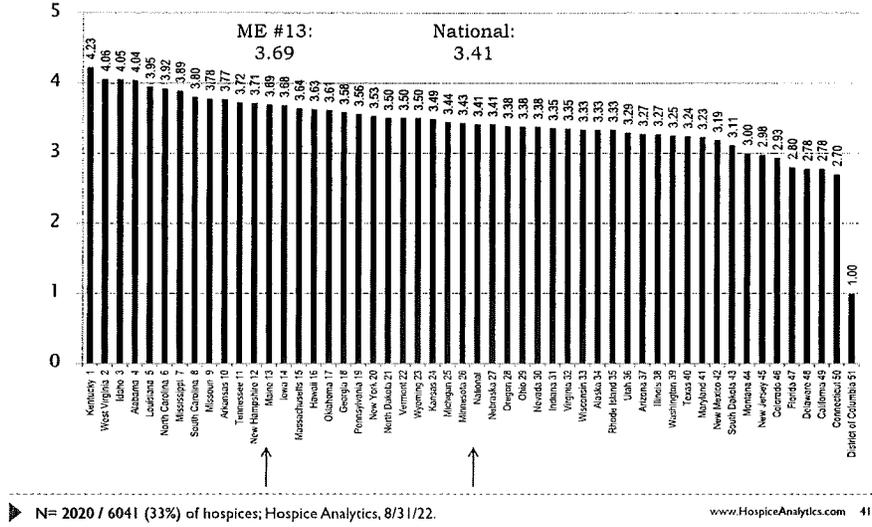
Hospice Item Set Notes, 8/31/22

- Interestingly, Hospice Item Set scores dropped significantly between 2022 Q2 and Q3 – perhaps COVID related (since this is an internal measure)?
- This decreased both HIS mean scores and HIS & CAHPS mean scores.



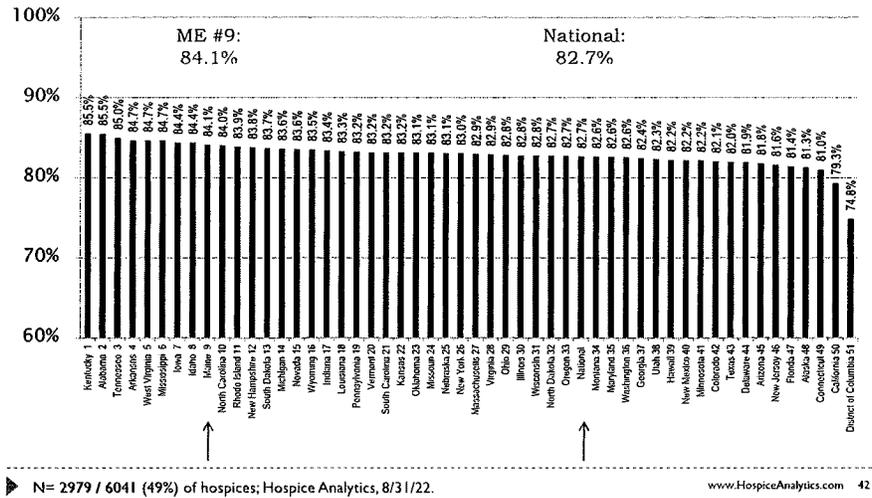
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8/22 Care Compare – Hospice Mean Hospice Star Scores x State



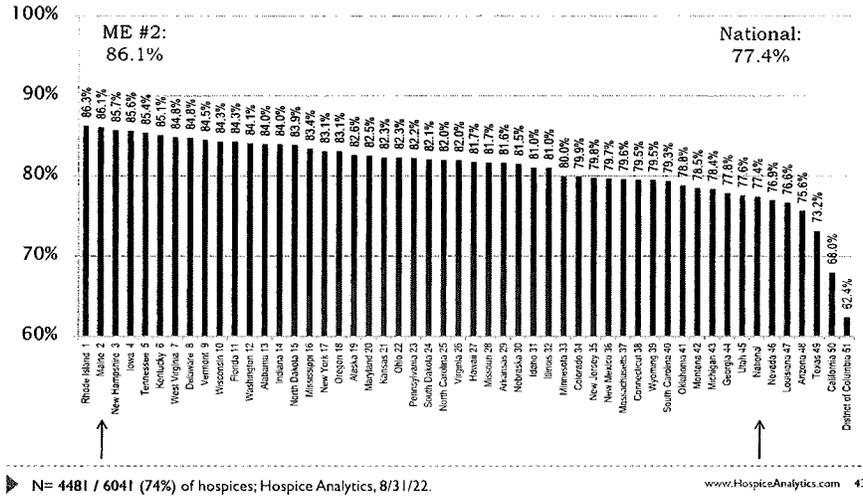
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8/22 Care Compare - Hospice Hospice HIS & CAHPS – Average Top Box Scores



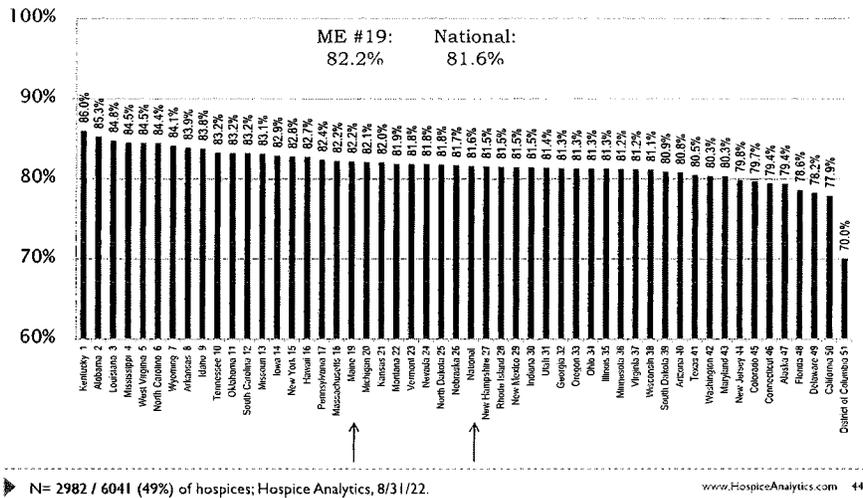
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8/22 Care Compare - Hospice Hospice Item Set – Mean of 9 Quality Measures



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8/22 Care Compare - Hospice Hospice CAHPS – Mean of 8 Quality Measures



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8/22 Hospice Compare: Hospice HIS & CAHPS – Average Top Box Scores

Maine Top 10:

State	Hospice	Mean HIS &	
		CAHPS	Star Rating
Maine	ST. JOSEPH HOSPICE 201504	88.76	5.00
Maine	CHANS HOSPICE CARE 201501	86.58	4.00
Maine	HEALTHREACH HOMECARE & HOSPICE 201500	86.33	4.00
Maine	HOSPICE OF SOUTHERN MAINE 201511	86.09	4.00
Maine	BEACON HOSPICE AN AMEDISYS COMPANY 201517	85.66	4.00
Maine	ANDROSCOGGIN HOME HEALTHCARE & HOSPICE 201513	85.32	4.00
Maine	KINDRED HOSPICE 201523	85.26	3.00
Maine	BEACON HOSPICE AN AMEDISYS COMPANY 201516	85.26	3.00
Maine	BEACON HOSPICE AN AMEDISYS COMPANY 201520	84.85	3.00
Maine	COMPASSUS - GREATER MAINE 201519	84.18	4.00

► N= 2979 / 6041 (49%) of hospices; Hospice Analytics, 8/31/22.

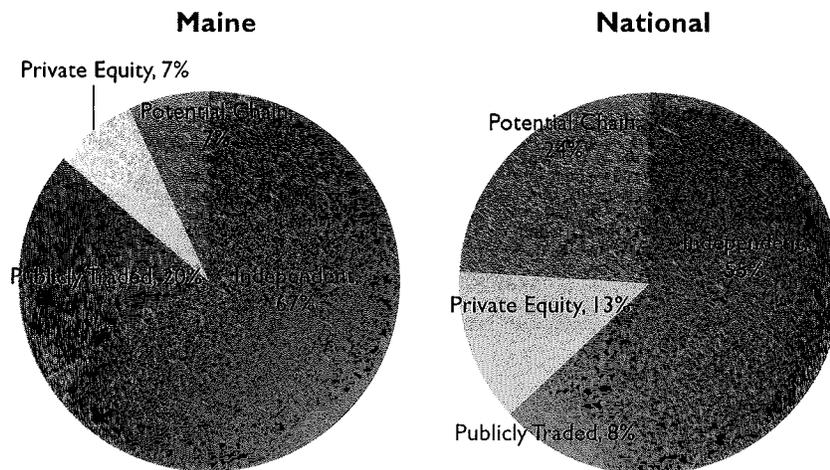
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Additional Medicare Claims Data Points

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6/22 Medicare Hospice Percentage of Hospices x Corporate Ownership

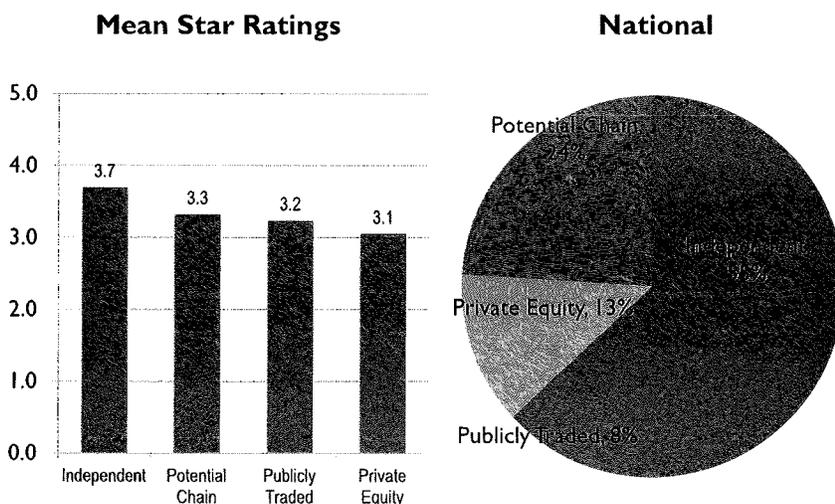


▶ 6/22 Hospice Analytics update; based on JAMA, Stevenson; Aldridge, 2021.

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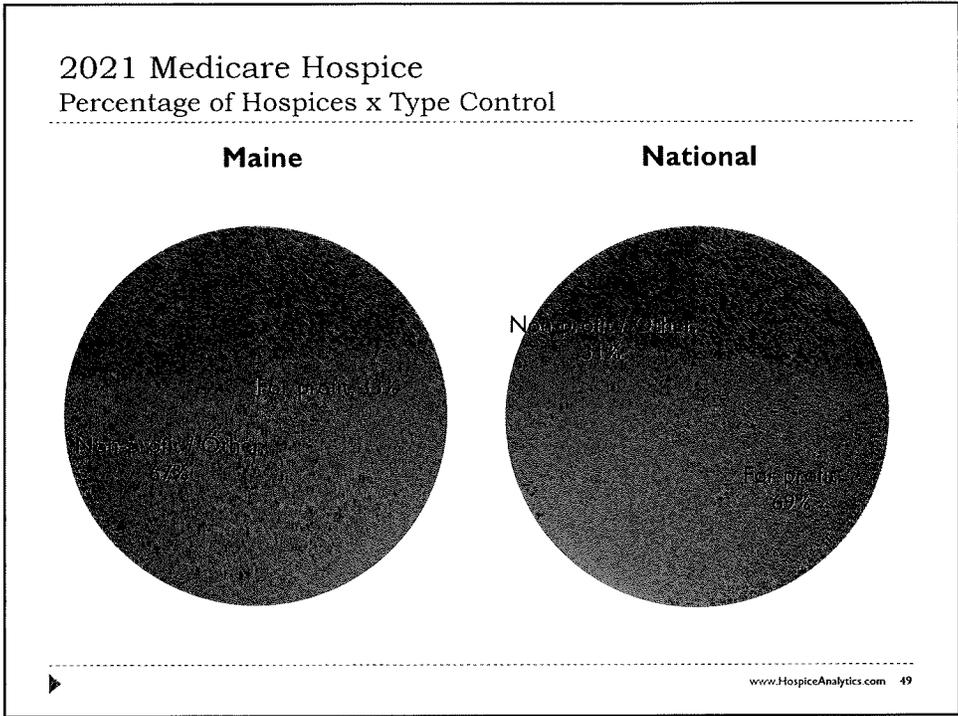
6/22 Medicare Hospice Percentage of Hospices x Corporate Ownership



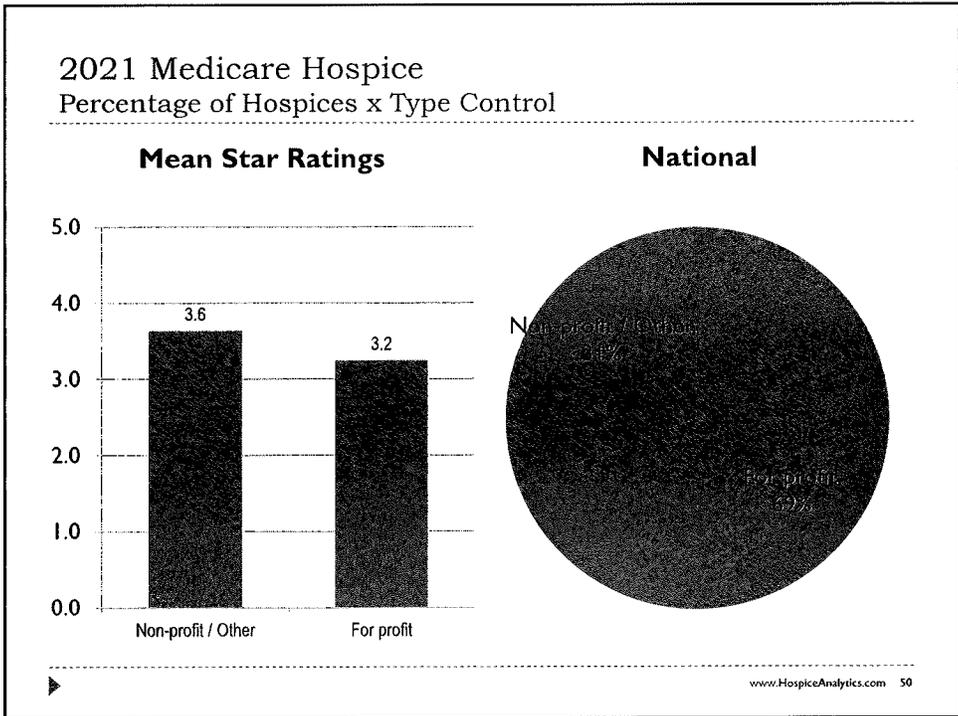
▶ 6/22 Hospice Analytics update; based on JAMA, Stevenson; Aldridge, 2021.

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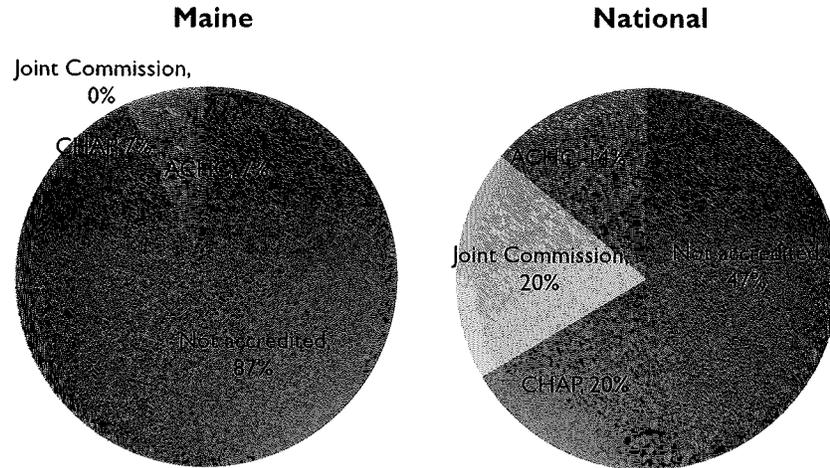


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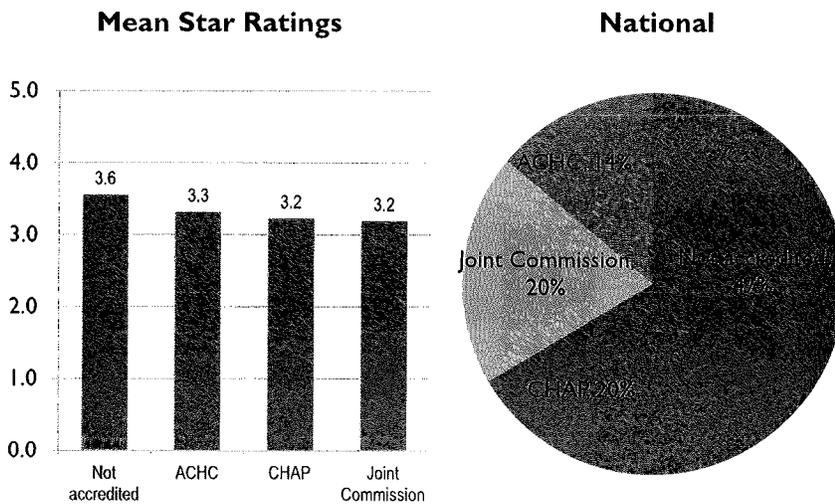
2021 Medicare Hospice Percentage of Hospices x Accreditation Organization



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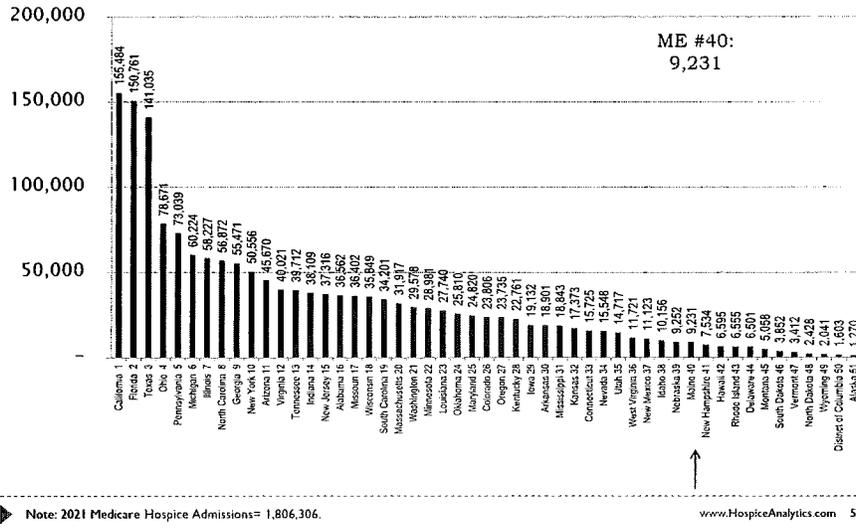
2021 Medicare Hospice Percentage of Hospices x Accreditation Organization



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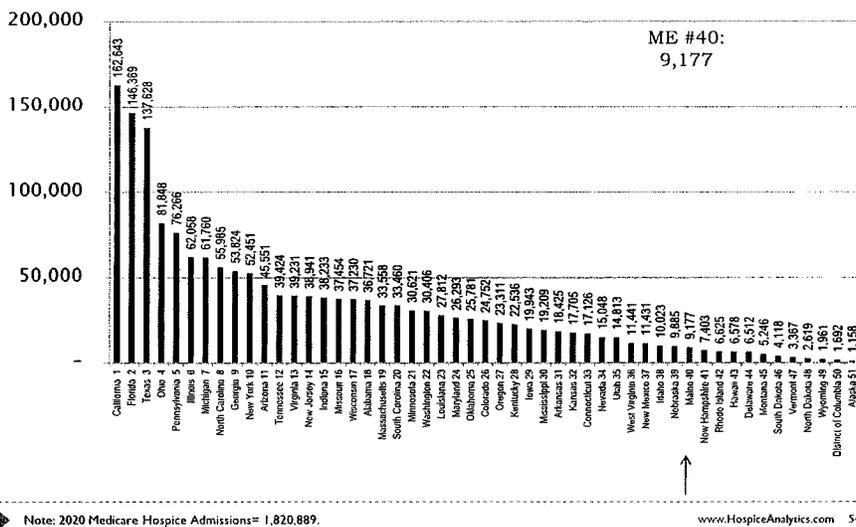
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2021 Medicare Beneficiaries Admitted to Hospice National= 1,692,112



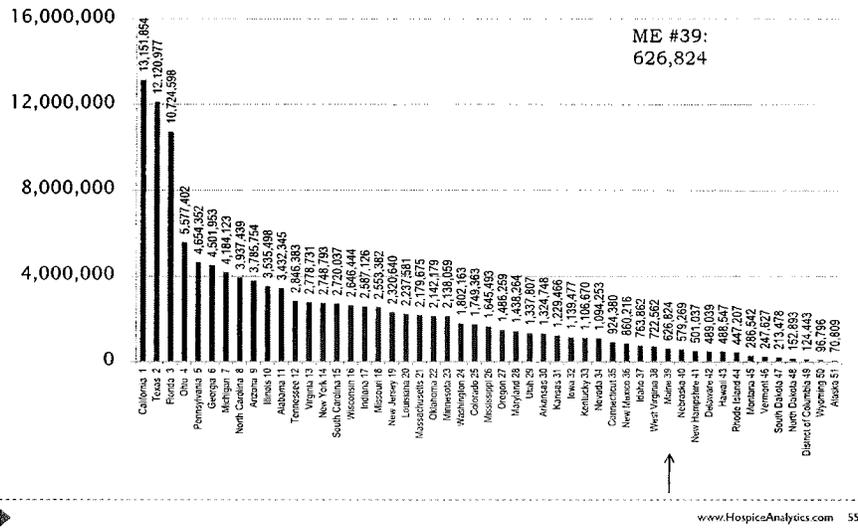
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2020 Medicare Beneficiaries Admitted to Hospice National= 1,703,652



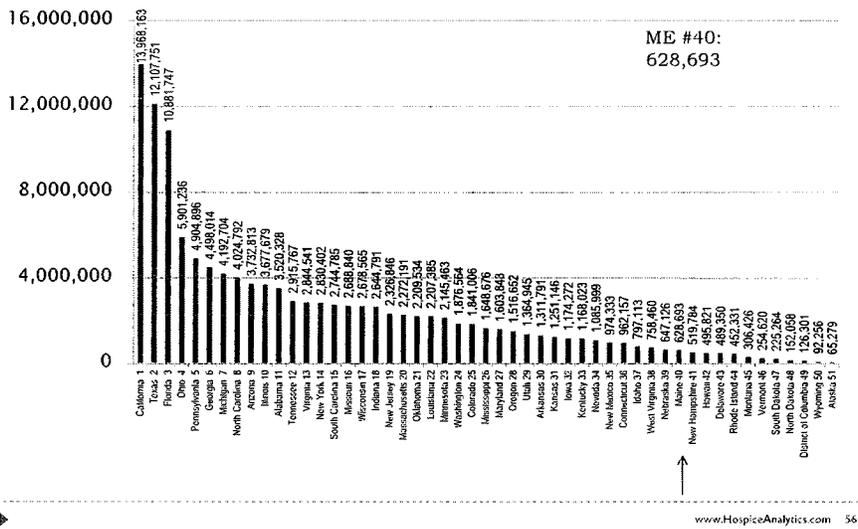
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2021 Medicare Total Days of Hospice Care National= 122,454,819 Days



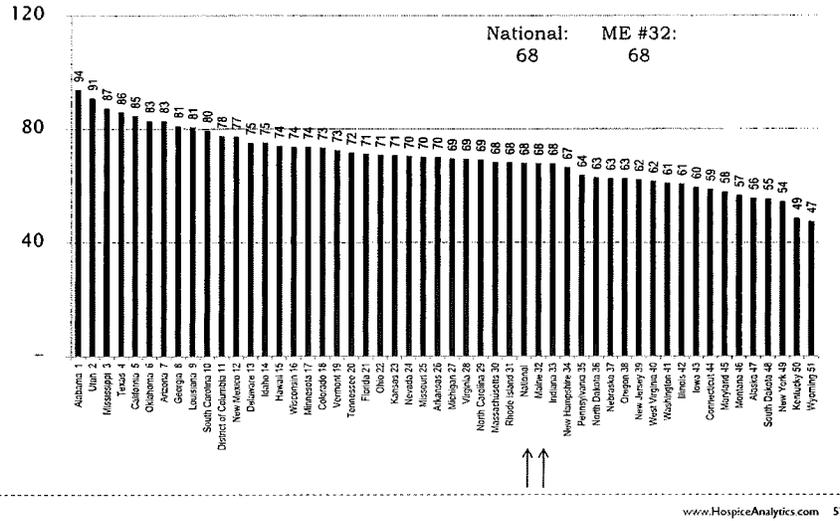
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2020 Medicare Total Days of Hospice Care National= 125,709,522 Days



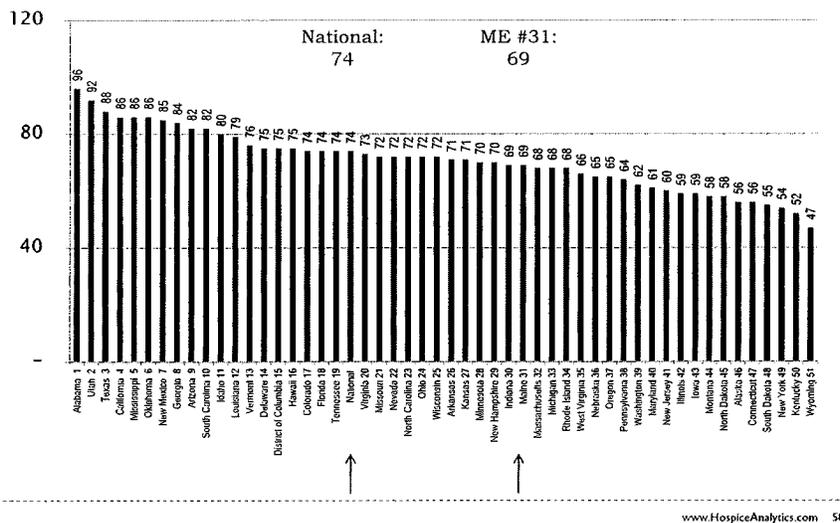
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2021 Medicare Hospice Mean Days of Care / Beneficiary

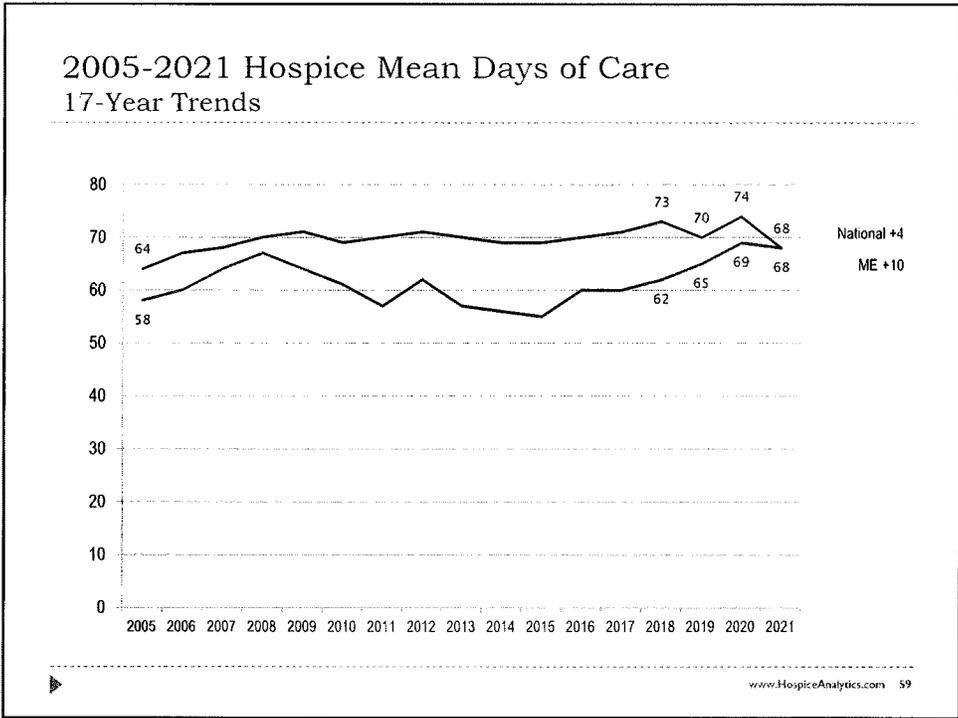


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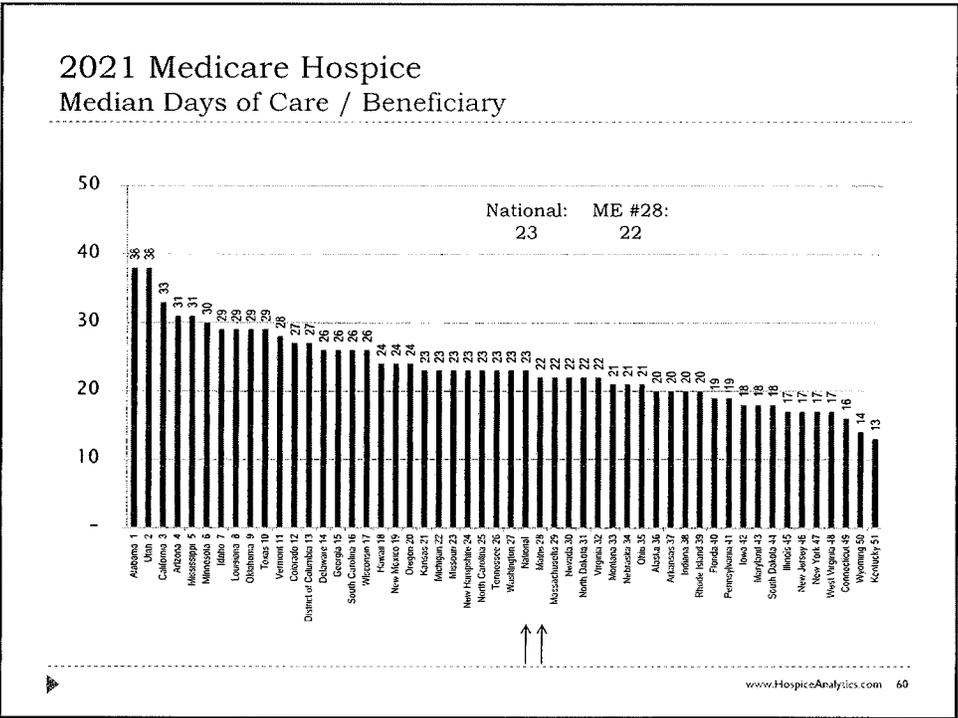
2020 Medicare Hospice Mean Days of Care / Beneficiary



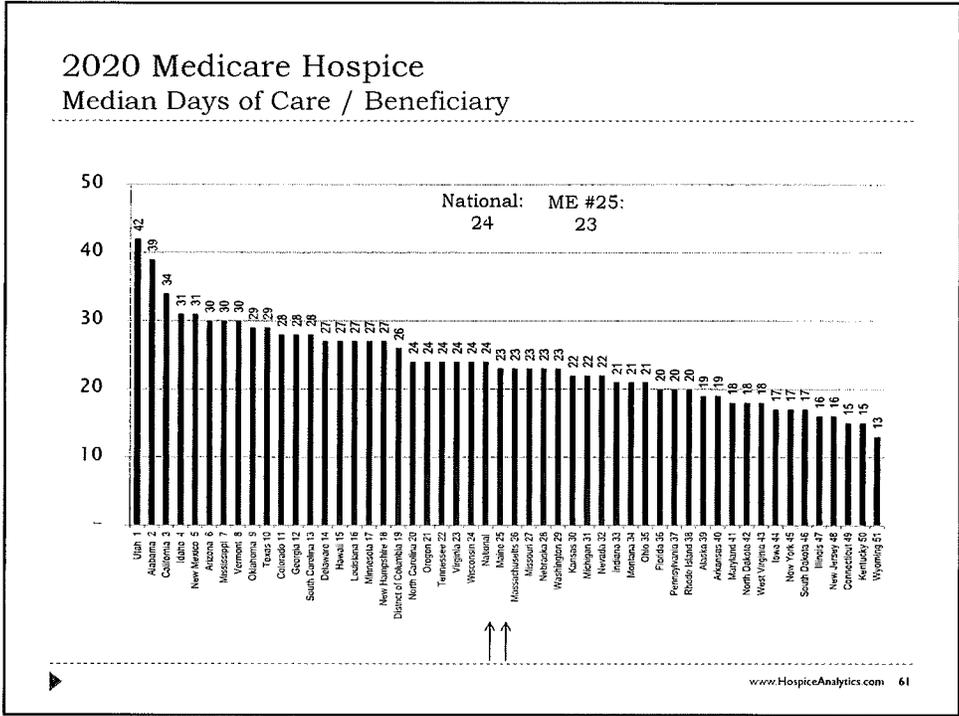
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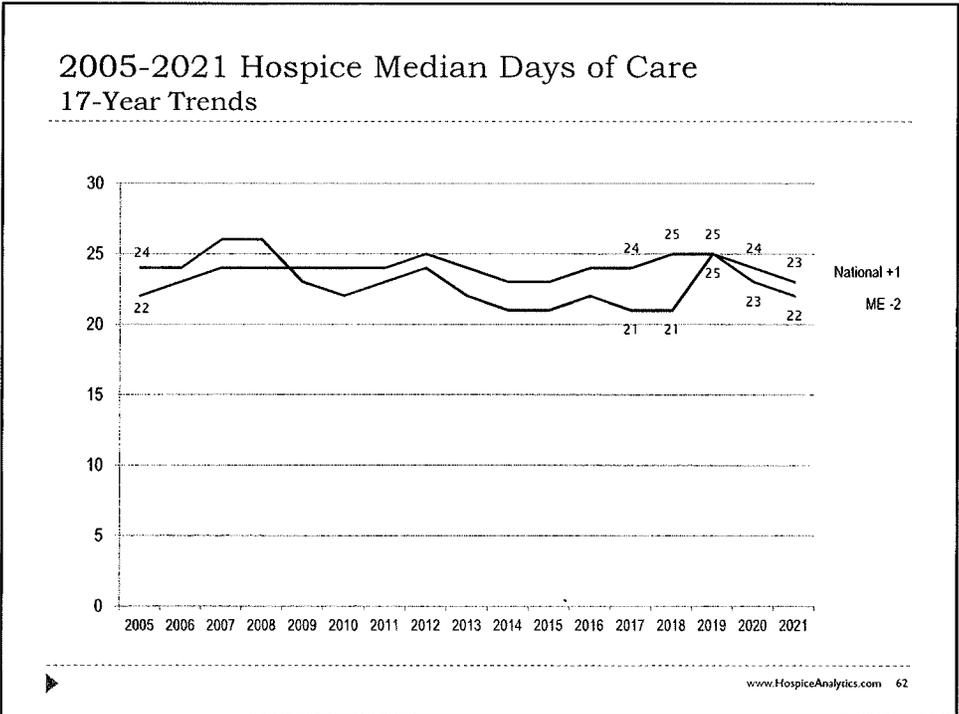
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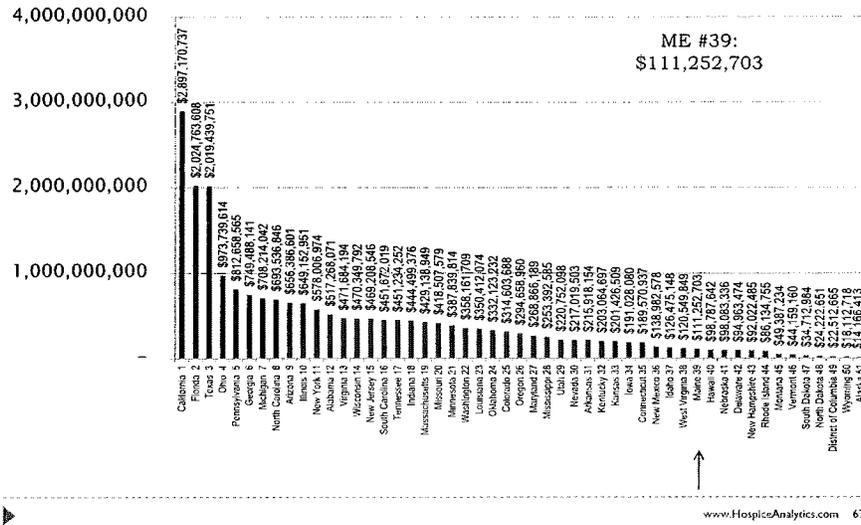


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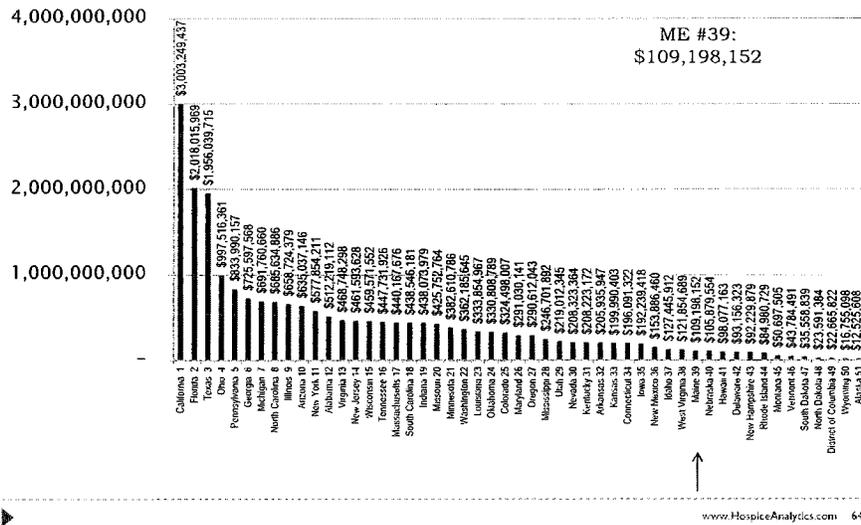
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2021 Medicare Hospice Total Medicare Reimbursement National= \$22,059,484,635



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2020 Medicare Hospice Total Medicare Reimbursement National= \$22,060,231,454

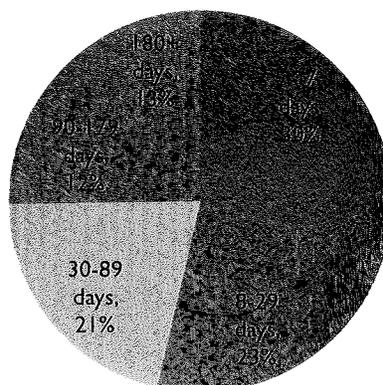
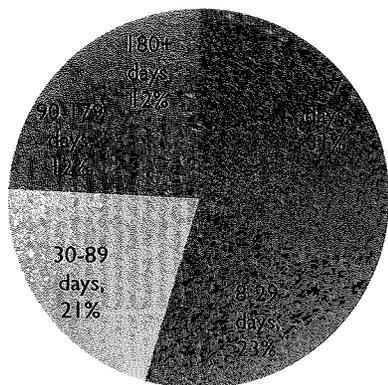


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2021 Medicare Hospice
Percentage of Days x LOS / Beneficiary

Maine

National



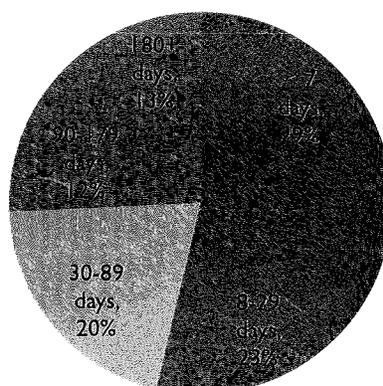
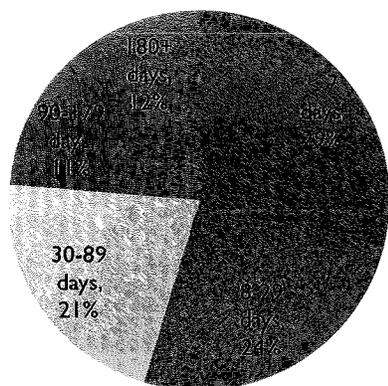
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2020 Medicare Hospice
Percentage of Days x LOS / Beneficiary

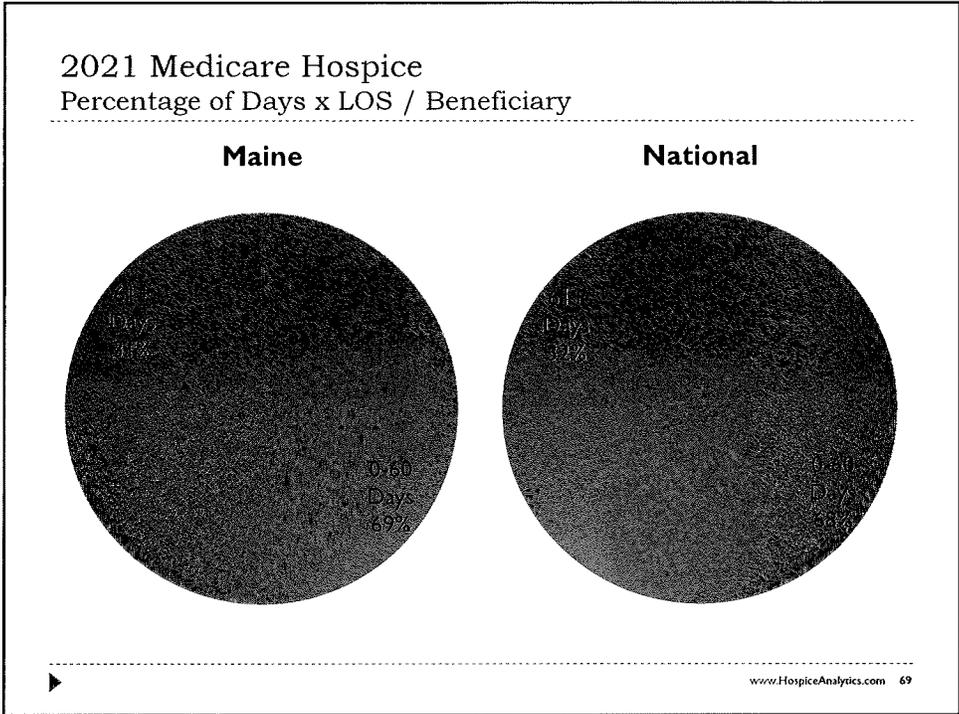
Maine

National

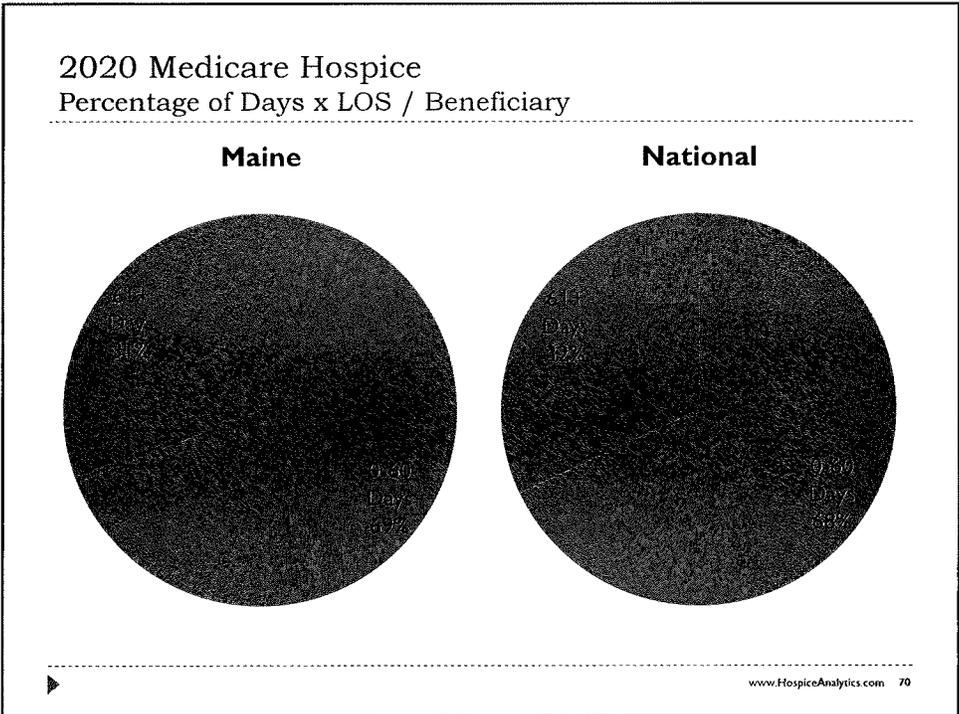


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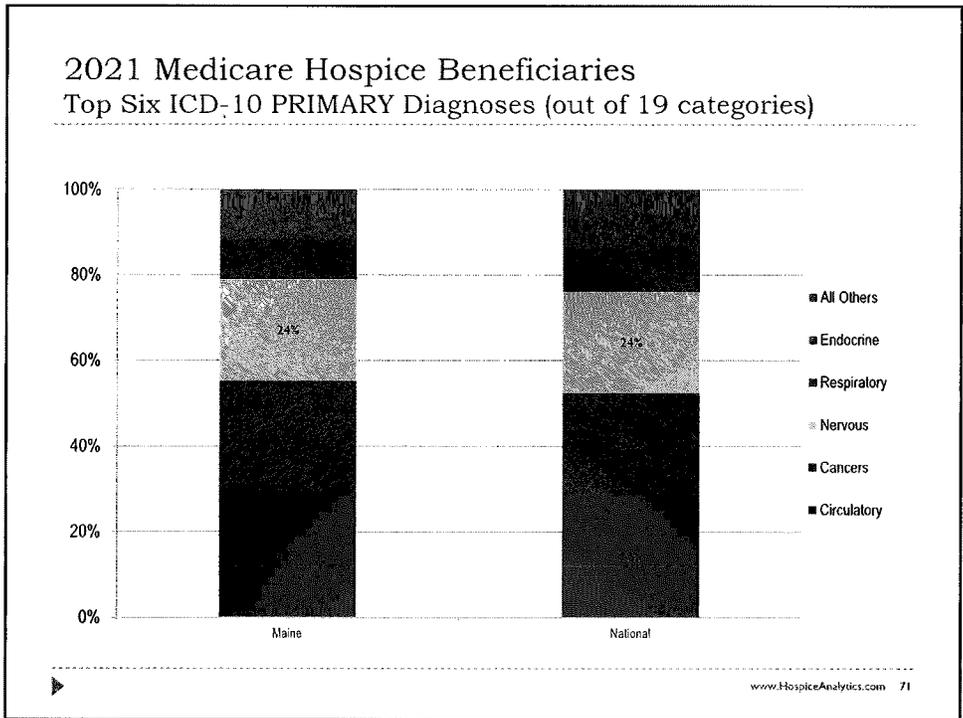
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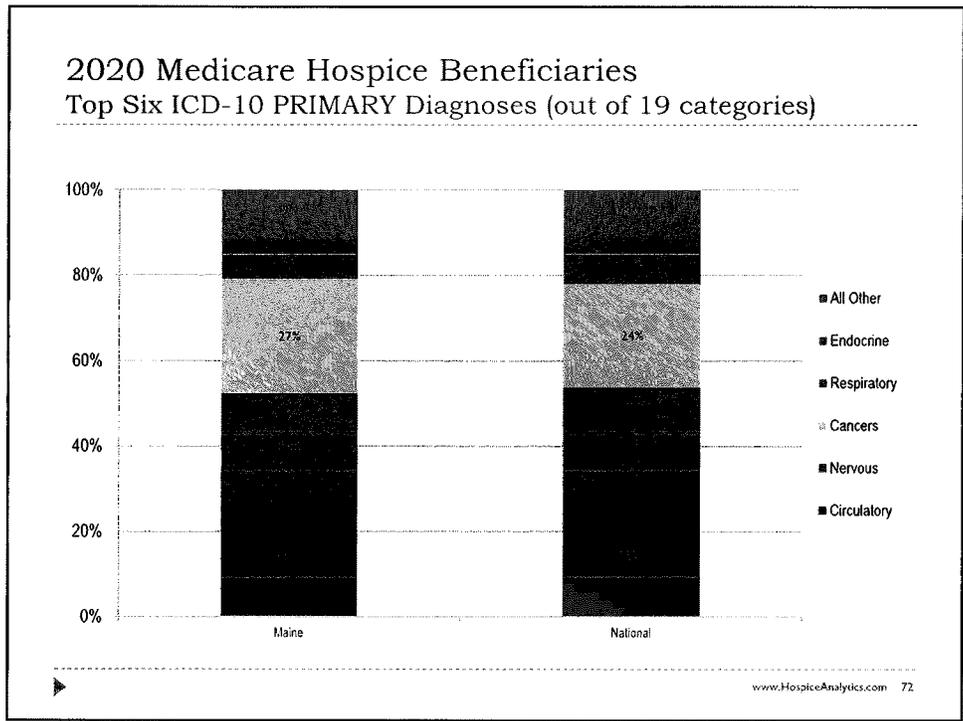
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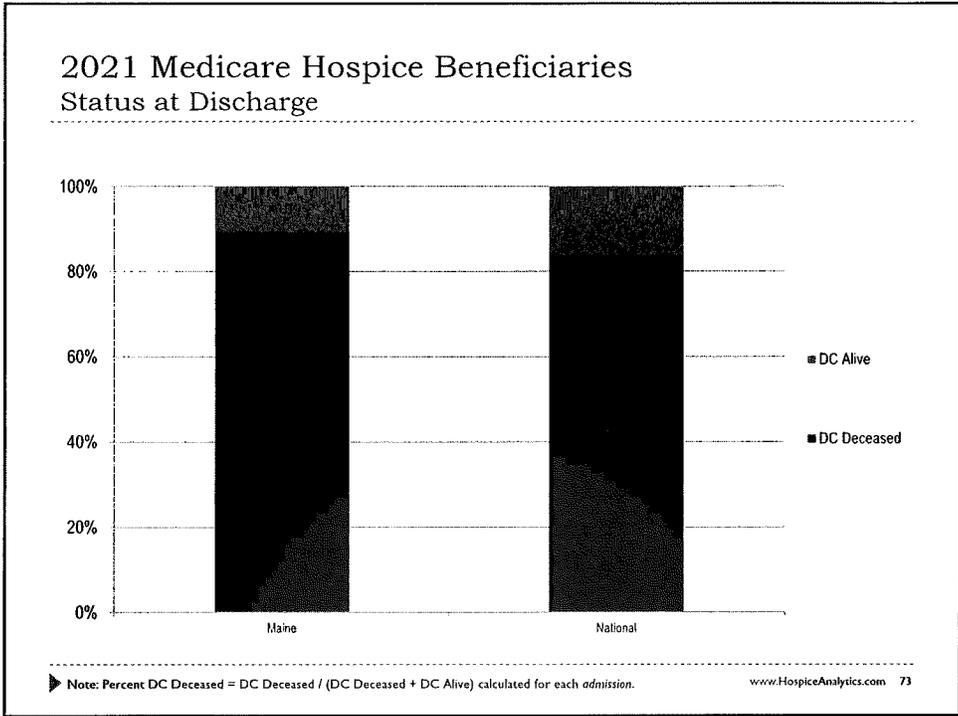
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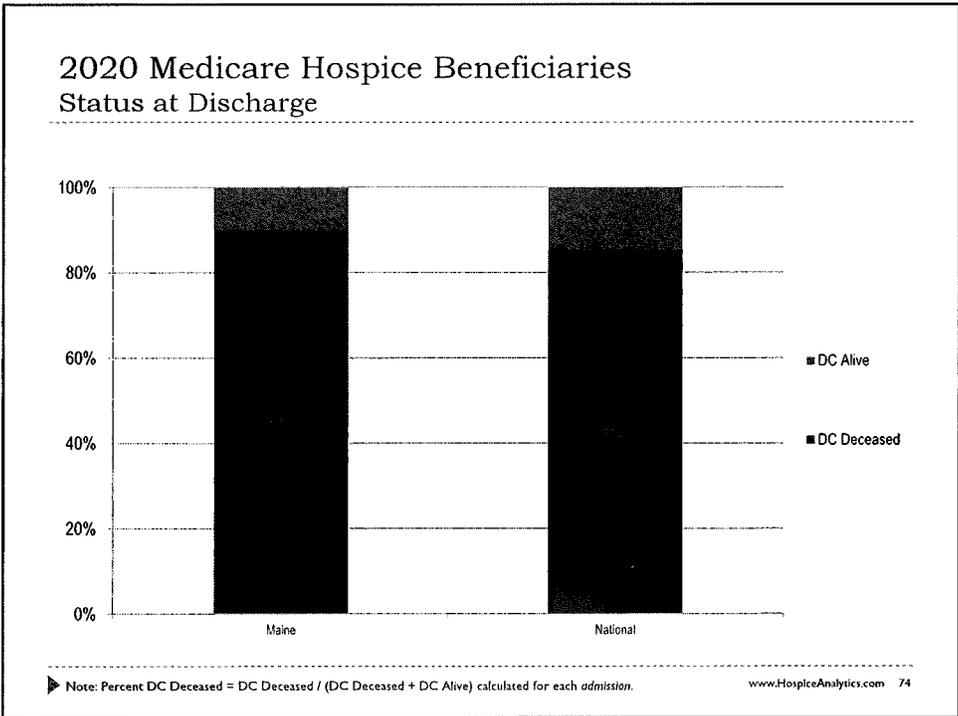
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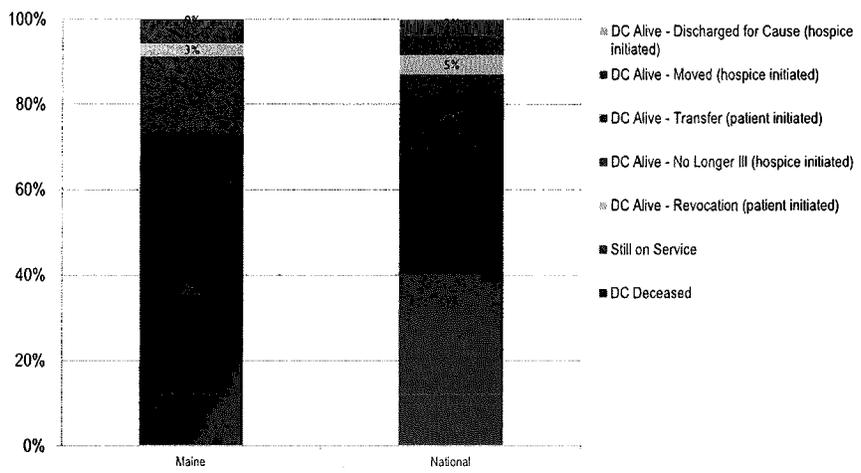


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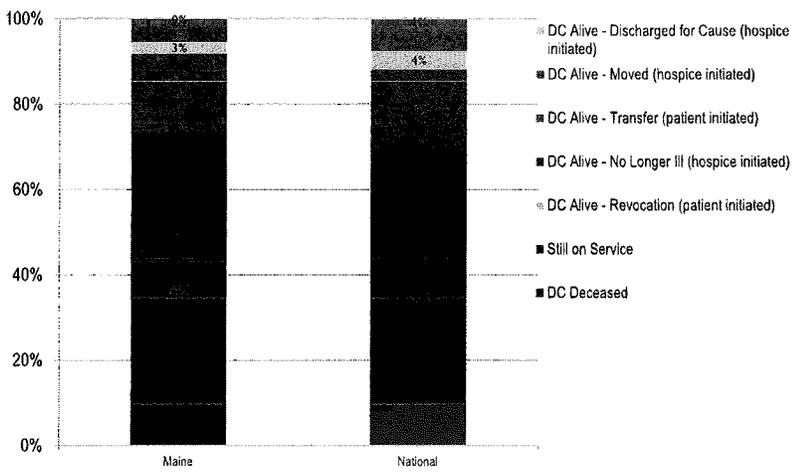
2021 Medicare Hospice Beneficiaries Status at Discharge - Detailed



Note: Percentages calculated for each admission. www.HospiceAnalytics.com 75

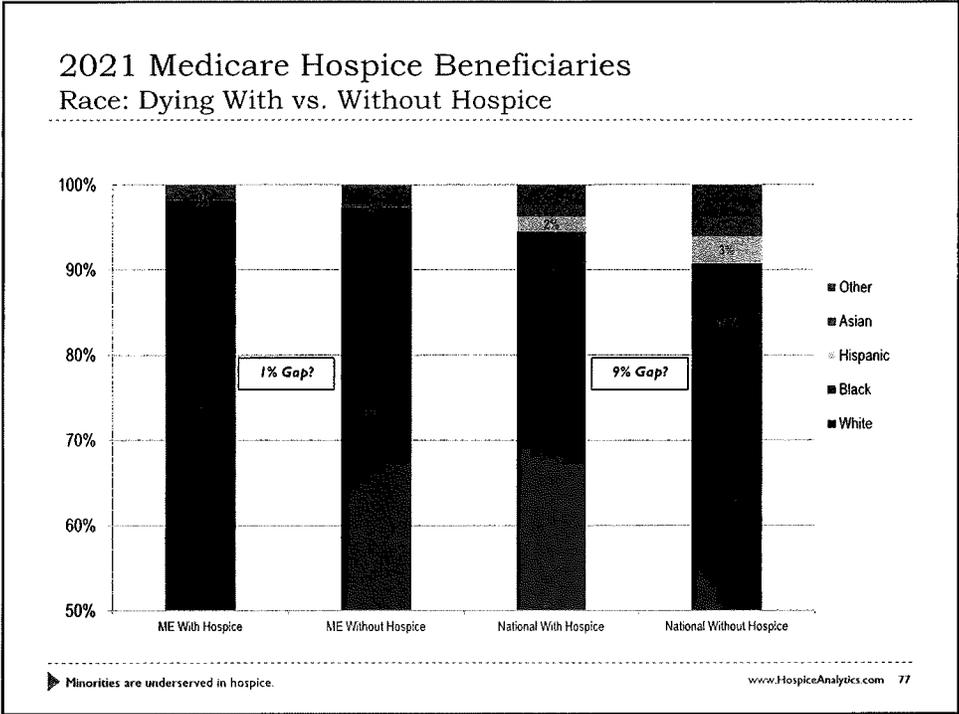
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2020 Medicare Hospice Beneficiaries NEW - Status at Discharge - Detailed

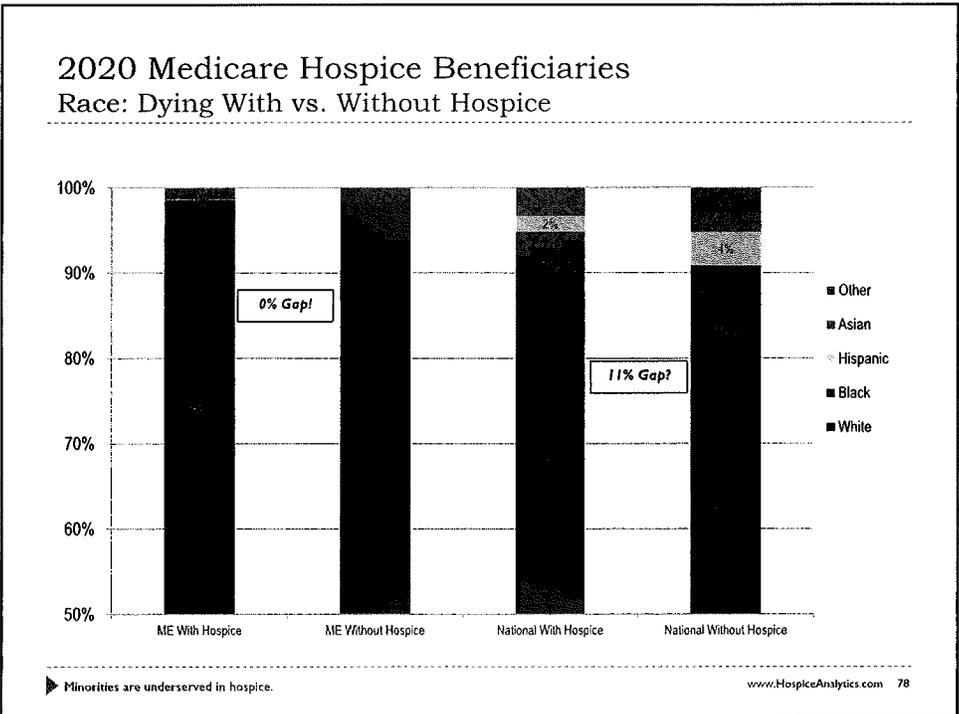


Note: Percentages calculated for each admission. www.HospiceAnalytics.com 76

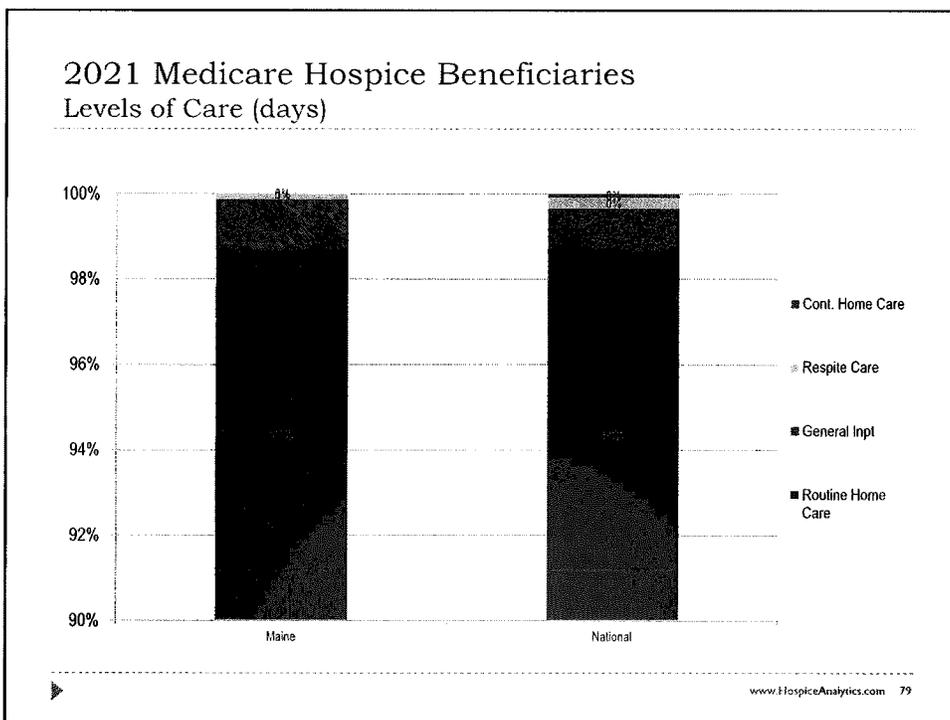
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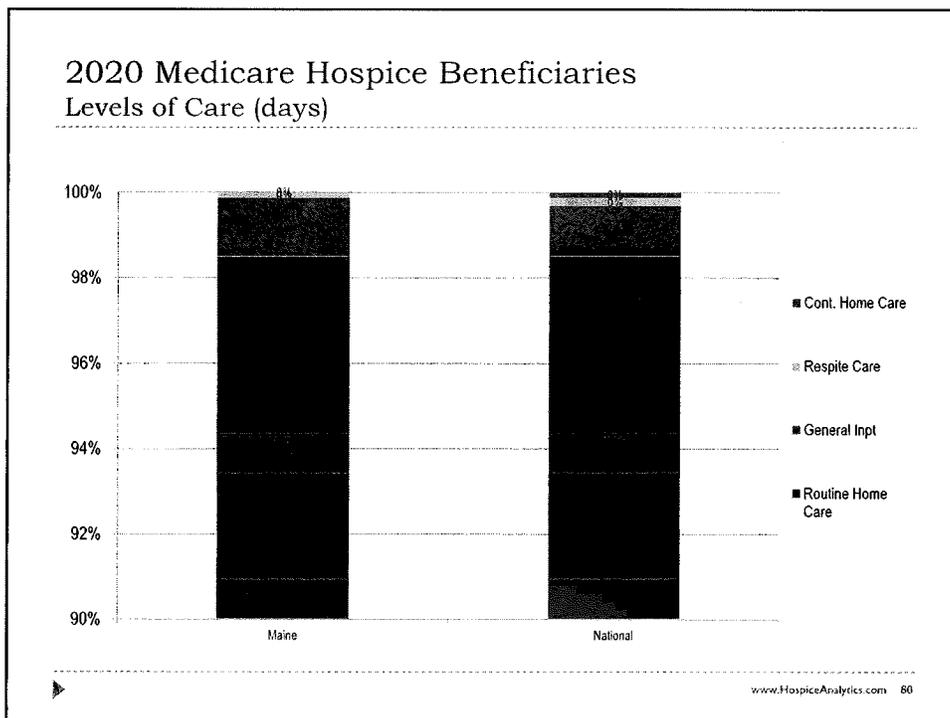
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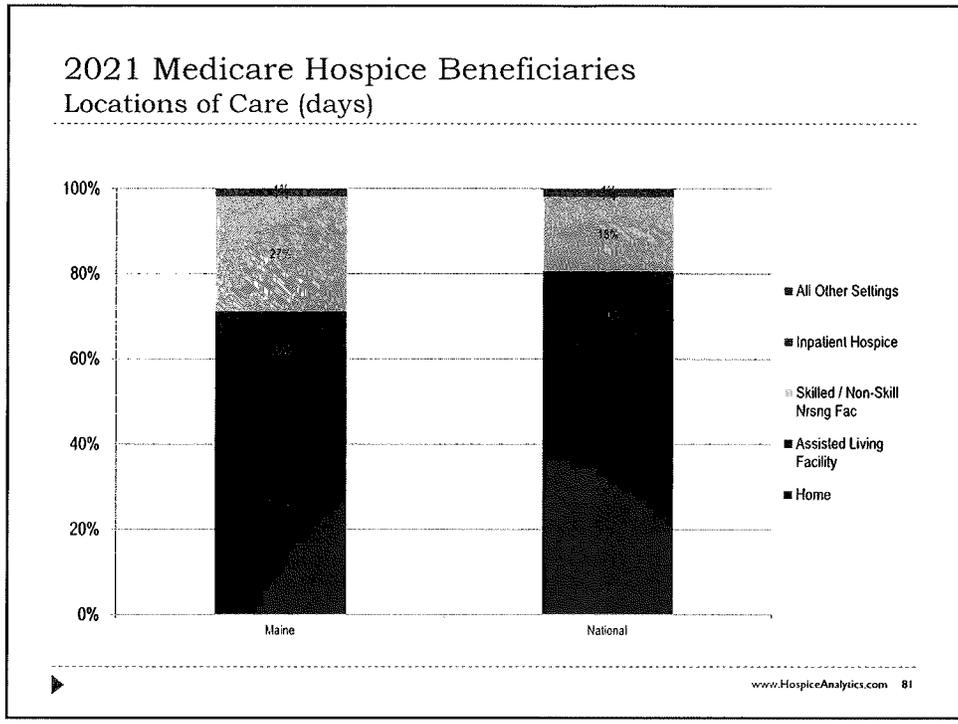
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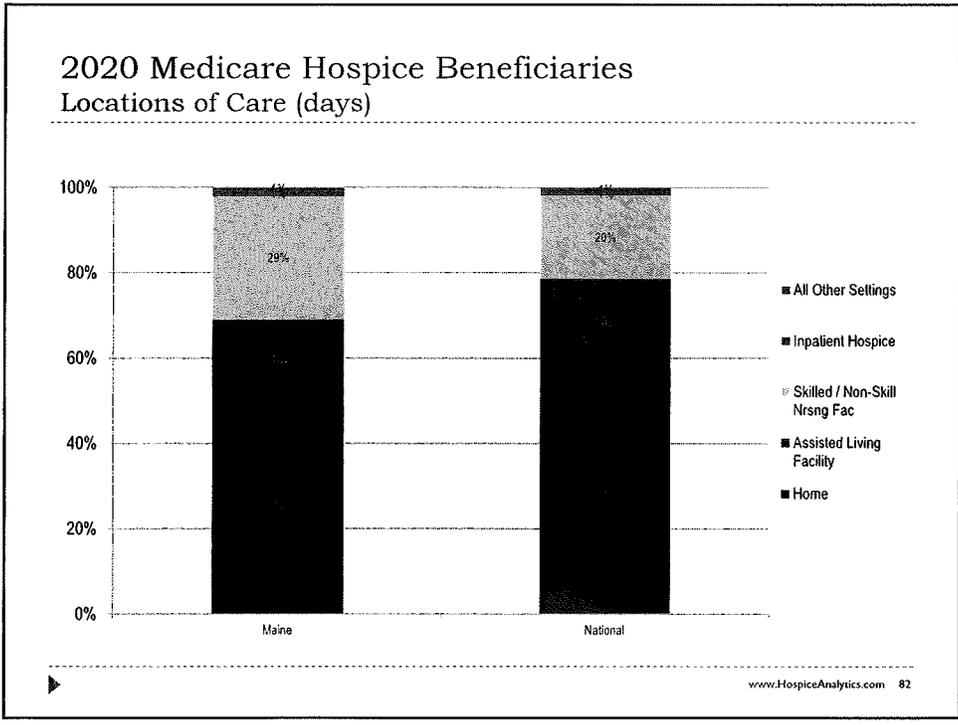
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Thank you

Please contact Cordt Kassner, PhD, at Hospice Analytics with any questions, comments, feedback, or for additional information:

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* Review the new National Hospice Locator at www.HospiceAnalytics.com – geo-maps and detailed information on every known hospice in the United States!